

Name
in
Full

Henry Ayers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Burton</u> <small>Town</small>		County <u>Allegany</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>16</u>	Age <u>64</u>	Years <u>64</u>	Months <u>9</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth- Place <u>Frederick</u>			
Occupation <u>Miner</u>	Where Residing if not at place of death <u>Jessie Creek (deceased)</u>				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Samuel Ayers</u>	Father's Birthplace <u>Frederick</u>			
Father's Name <u>Samuel Ayers</u>	Mother's Birthplace <u>Allegany Co.</u>				
Mother's Maiden Name <u>Maria Potter</u>	Name of person giving Information <u>W. L. Ayers</u>				
How related to deceased <u>Son</u>					

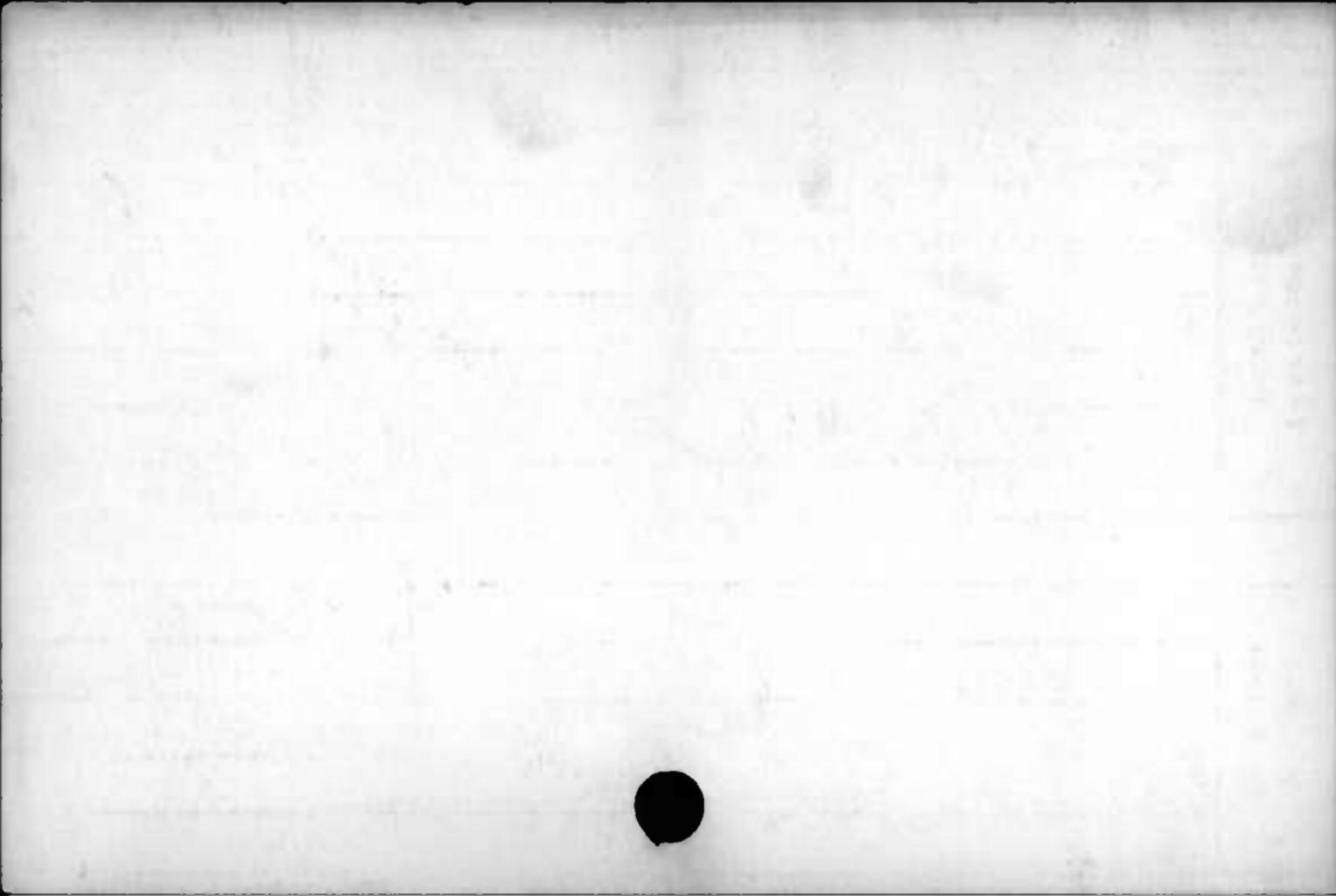
CAUSES OF DEATH

(79)

Primary <u>Mitral Insufficiency</u>	How long <u>6 weeks ill-</u>
Immediate <u>Heart Failure</u>	How long <u>short time -</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Jas. O. Bullock M.D.</u>
Accident or Suicide? <u>No</u>	Address <u>Frederick</u>

PHYSICIAN
OR CORONER





Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Beaman

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1907	June	25	Age 17
Sex	White	Color or Race	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Limestone	
Father's Name	Lenox M Beaman		
Mother's Maiden Name	Rachel S Ross		
Name of person giving information	Mr. Martin Leonor		

CAUSES OF DEATH

164

Primary Mine accident. Killed suddenly
How long
How long
Immediate neck broken by fall of roof in mine

Are the name, age, sex, color, date and place correctly given above?

YEARS

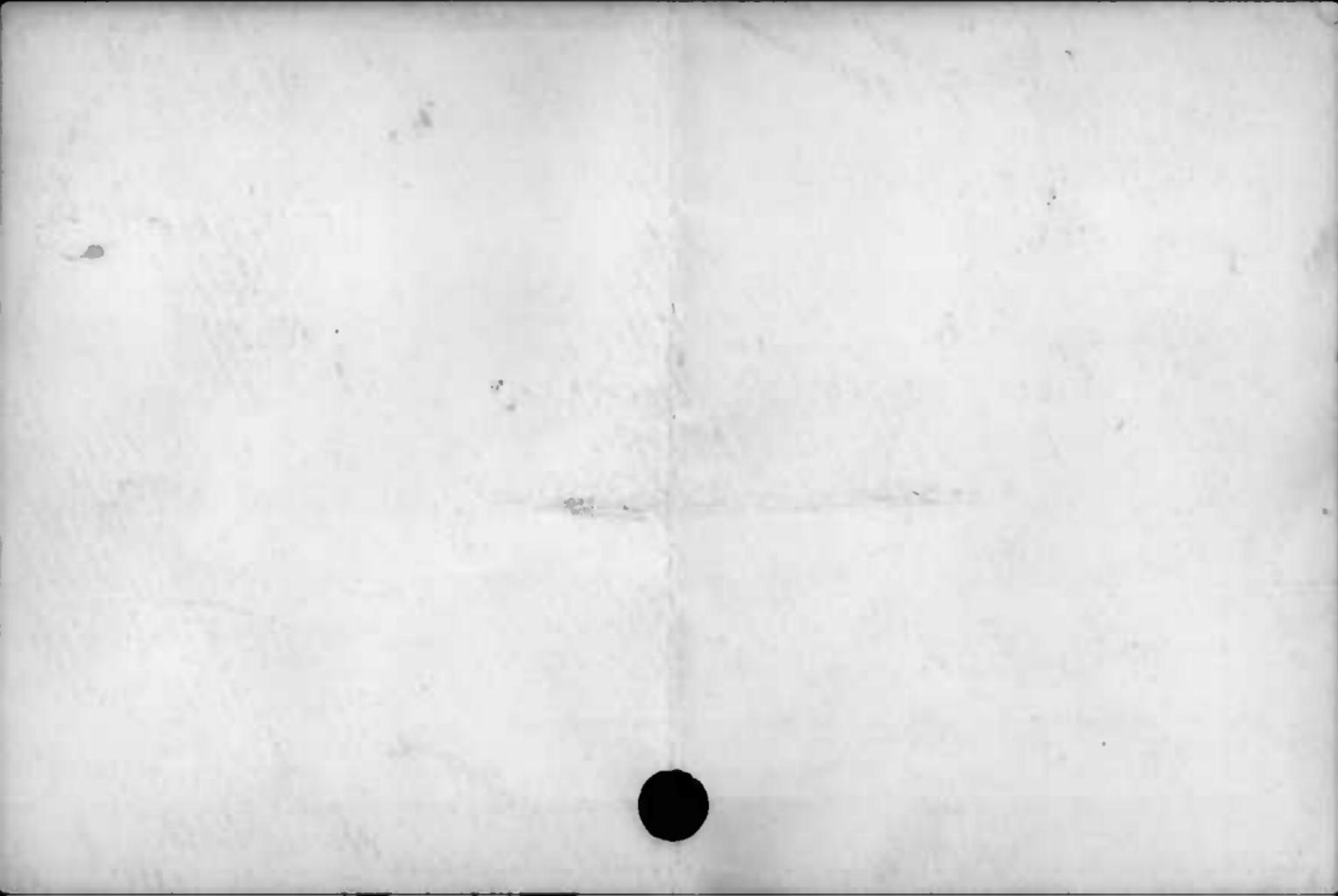
Signature of Physician

Address

G. H. Martin Leonor
Limestone

Accident or Suicide?

Accidental



Name
in
Full

Margery Beaman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1907	Month June	Day 30	Year Sunday	Age 10	Months 3	Days 21	
Sex Female	Color or Race White	Birth-place Midland Park					
Married, Single or Widowed	Single	Occupation (School Girl)					
Name of Wife or Husband	(Hesler Beaman & Samuel Beaman)						
Father's Name	Samuel Beaman			Father's Birthplace	Midland Park		
Mother's Maiden Name	Hesler Beaman			Mother's Birthplace	Wales		
Name of person giving information	Samuel Beaman			How related to deceased	Father		

CAUSES OF DEATH

(61)

Primary

Cerebro Spinal Meningitis

How long

Six weeks

Immediate

Convulsions

How long

6 days ^{mo} ind.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

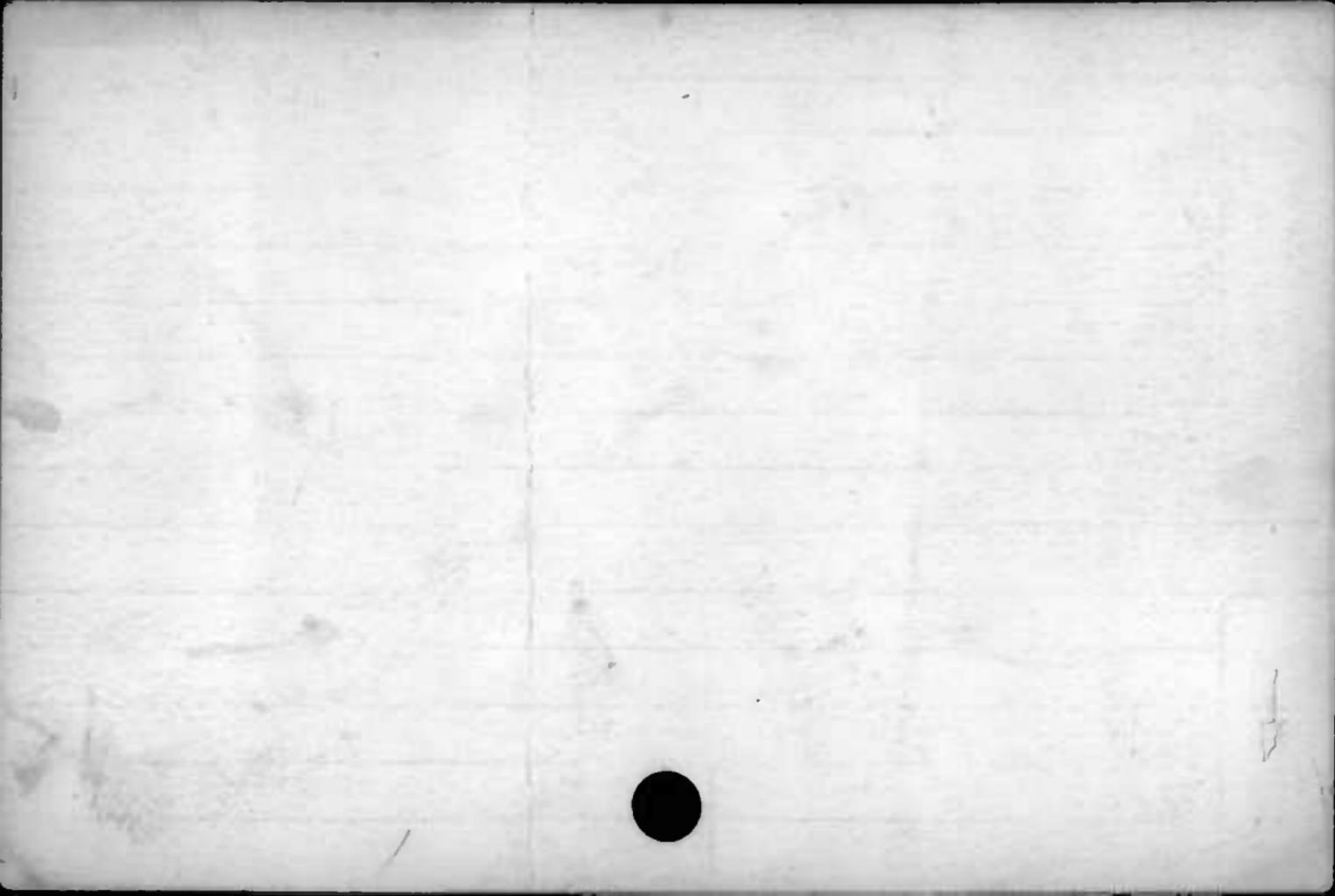
Address

Hrs. J. White-

National

Maryland

Accident or Suicide?



Name
in
Full

Joseph Broski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	June	21	—	3	29
Sex	Color or Race	Birthplace			
Male	White	Md.			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Poland				
Mother's Maiden Name	Poland				
Name of person giving information	Death				
104					

✓

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Intoxication

How long

1 da

Immediate
Convulsion + Mania

How long

1 da

Are the name, age, sex, color, date and place correctly given above?

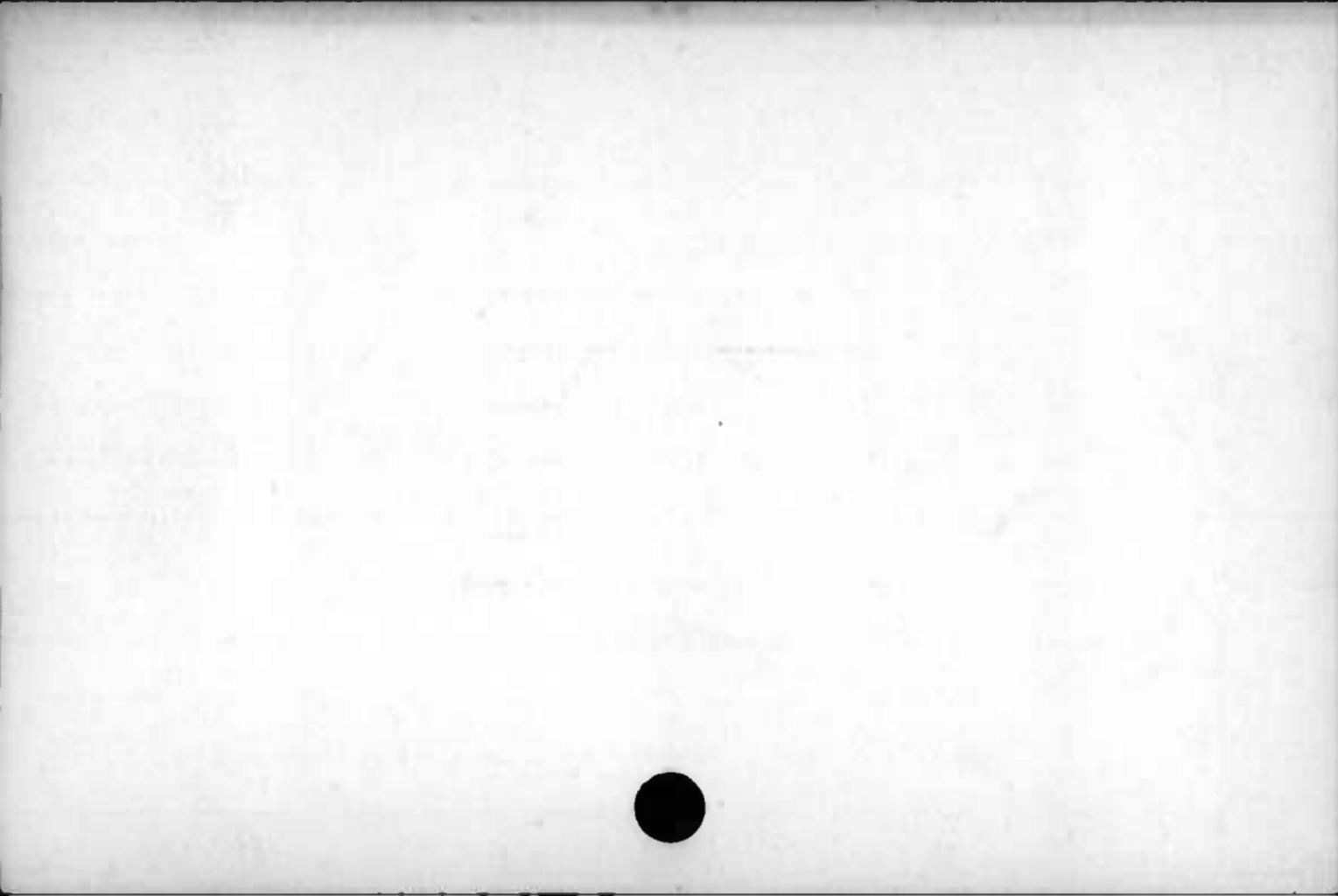
yes

Signature of Physician

Address

G. L. Bradbury M.D.
Cumberland Md.

Accident or Suicide?



TO BE ANSWERED BY
NEAREST FRIEND

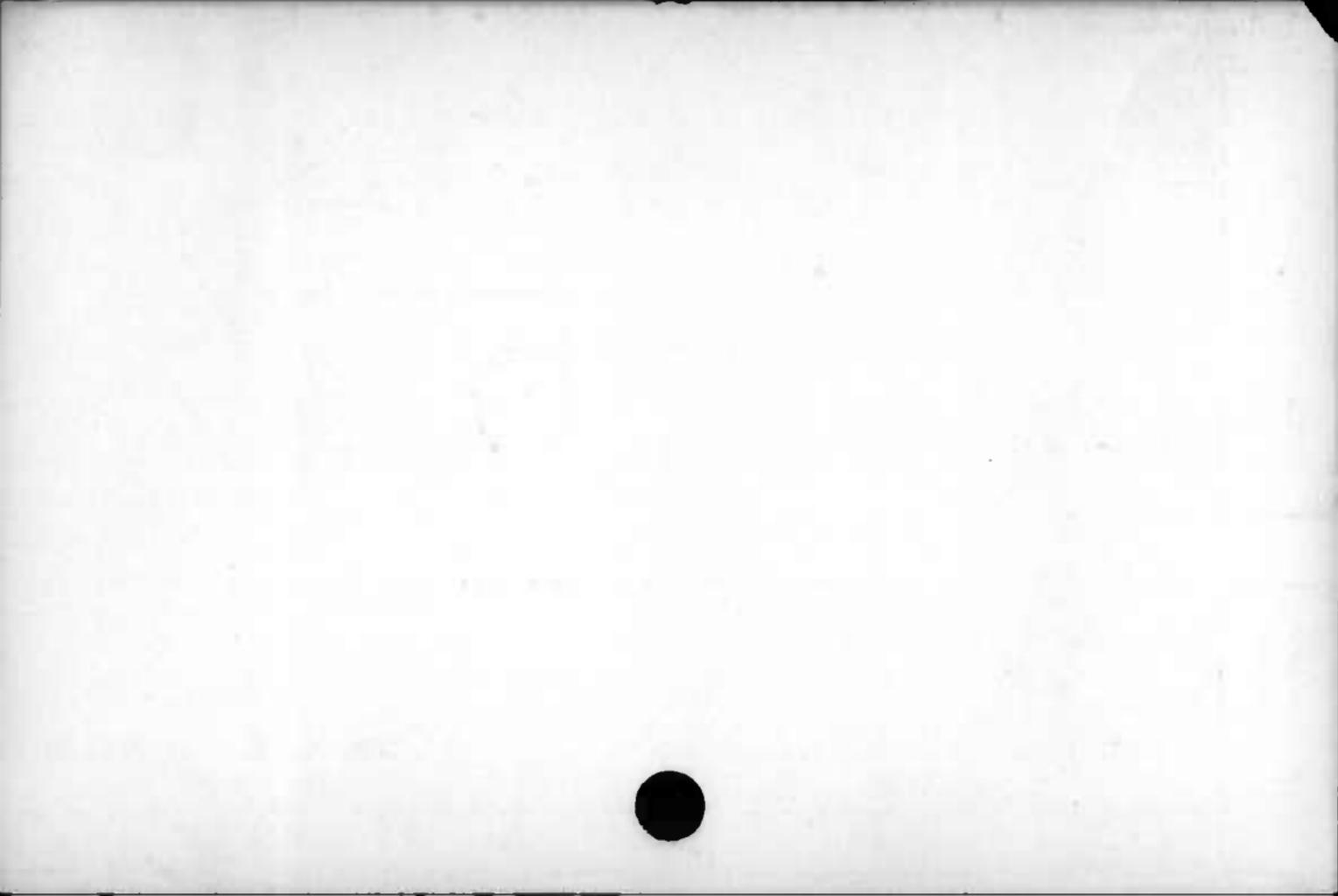
Davis

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND	
Date of death	1907	Month June	Day 28	Years	Months Days
Sex	Female	Color or Race	White	Birth-place	Burial place
Occupation				Where Residing if not at place of death	
Married, Single or Widowed				Name of Wife or Husband	
Father's Name	George Davis			(S)	Father's Birthplace England
Mother's Maiden Name	Alice Lawson			(S)	Mother's Birthplace West
Name of person giving information	F. A. G. Murray M.D.				How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Stillbirth	(S)	How long
	Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	F. Alan G. Murray M.D.	
		Address	West - Savageland	
Accident or Suicide?				



Name
in
Full

Thomas E Doyle

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How Related to deceased		

near Cumberland Allegany

1907 June 16 33 3 -

Male White Cumberland

R.R Employee 31 Md ave

Single -

Edward Doyle (dead) Md

Julin Dolin W. Va

Julin Doyle Mother

CAUSES OF DEATH

PHYSICIAN
OR CORPSE

Primary

Syphilis

(36)

How long

2 yrs

Immediate

Paralysis

How long

several

Are the name, age, sex, color, date and place correctly given above?

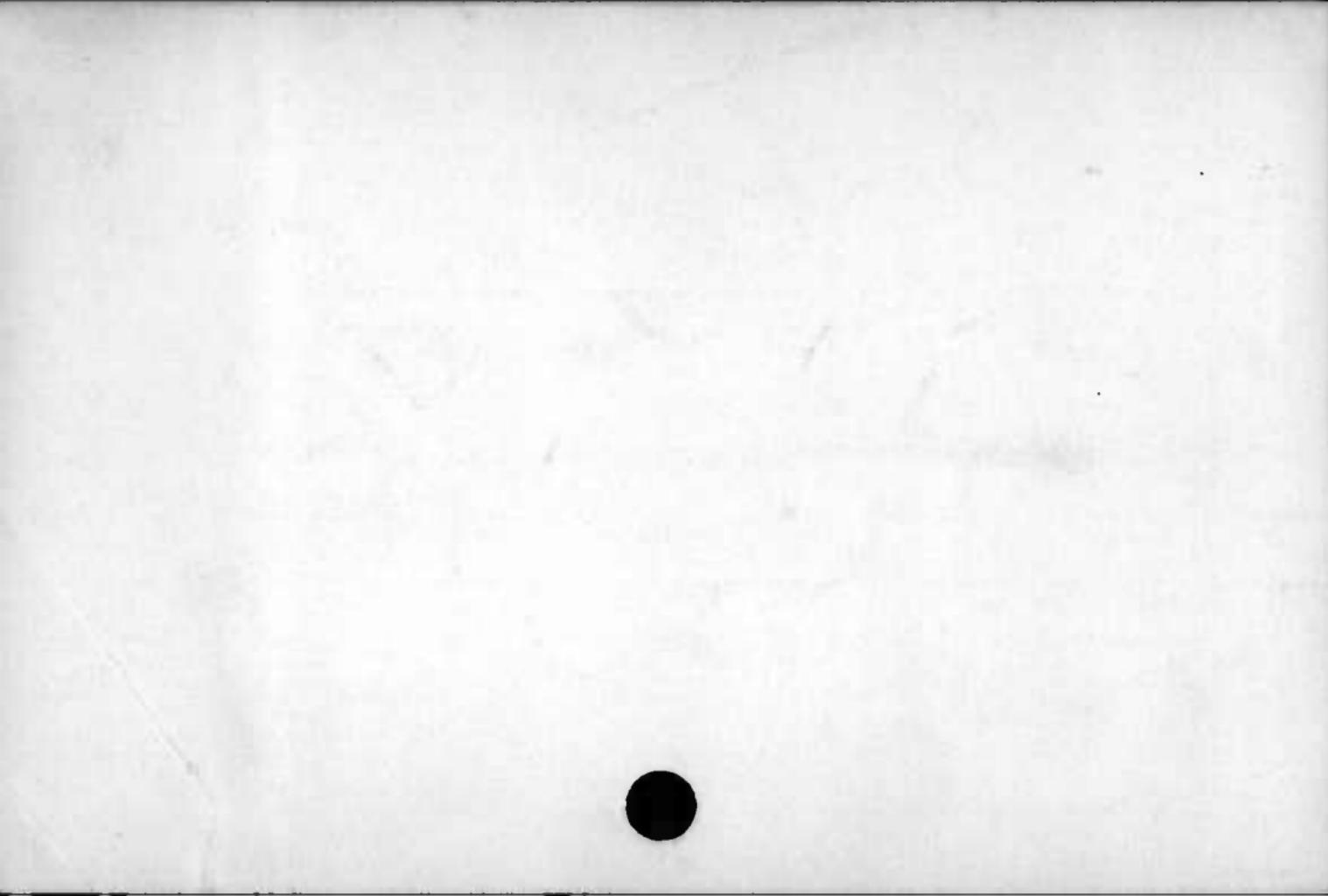
Yes

Signature of Physician

Address

W. J. Durig
Cumberland
Md

Accident or Suicide?



Name
in
Full

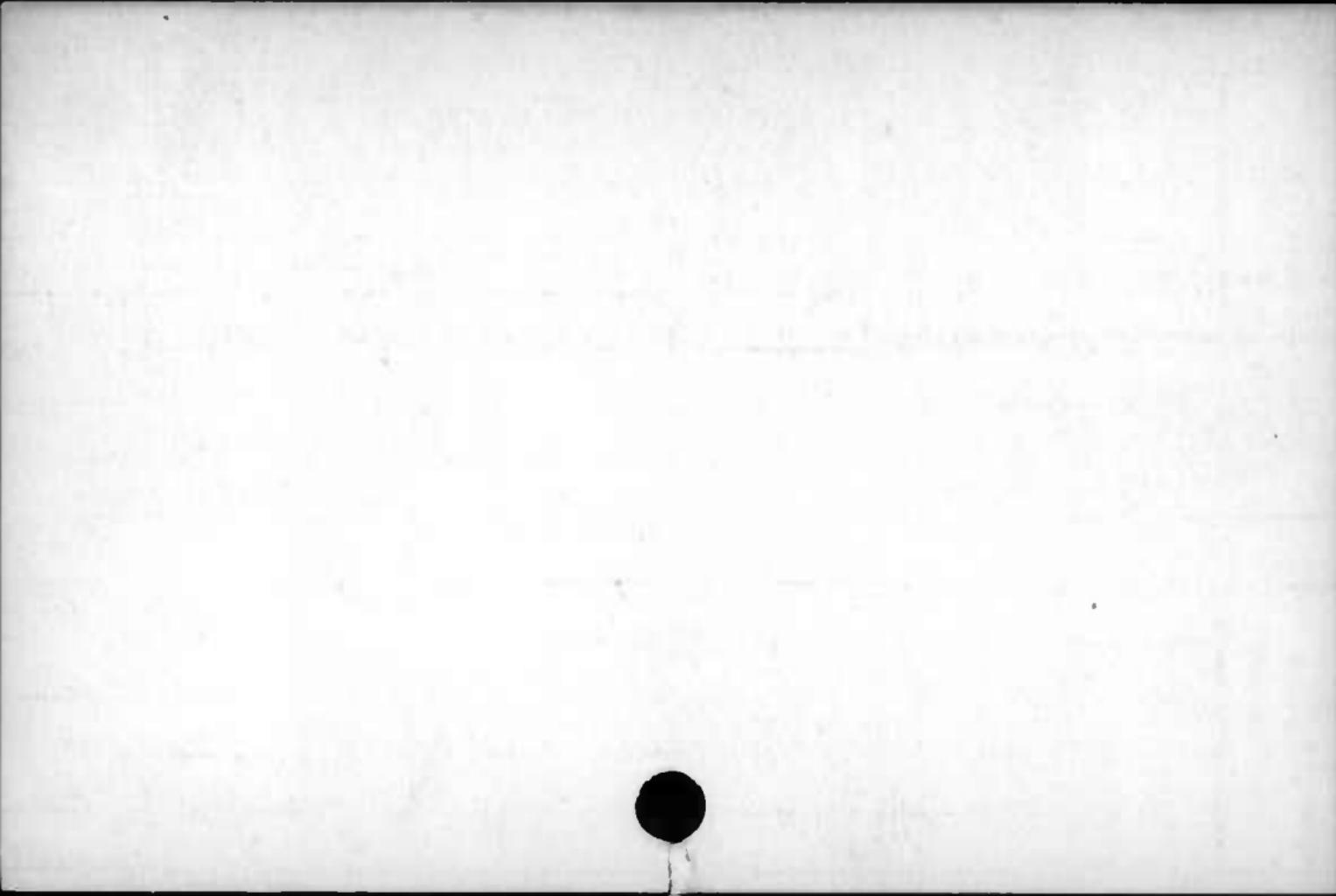
To BE ANSWERED BY
NEAREST FRIEND

Harry Drolin				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death 1907	Month June	Day 15	Age 61	Years	Months	Days	
Sex Male	Color or Race White	Birthplace Scotland					
Occupation Miner	Where Residing if not at place of death						
Married, Single or Widowed Married	Name of Wife or Husband Annie Fowlds						
Father's Name Harry Drolin	Father's Birthplace Scotland						
Mother's Maiden Name Anna Brown	Mother's Birthplace " "						
Name of person giving Information Bernard G. Roads	How related to deceased Brother-in-law						

CAUSES OF DEATH

112

PHYSICIAN OR CORONER	Primary	Cirrhosis of Liver		Six Months
	Immediate	Abdominal Cramps & Vomiting		Some weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	W. R. Skilling
			Address	Liviacoming,
Accident or Suicide?		No		



Name
in
Full

Michael E Diehl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			
Date of death 1907	Month June	Day 26	Years 41	Months -	Days -
Sex Male	Color or Race White	Birth-place Bedford Co Pa			
Occupation Painter manufacturer	Where Residing if not at place of death 189 Green St				
Married, Single or Widowed Married	Name of Wife or Husband Lucinda M. Diehl	Father's Name Andrew Diehl	Father's Birthplace Pa		
Mother's Maiden Name Cathrine Beltz	Mother's Birthplace Pa				
Name of person giving information Lucinda M Diehl	How related to deceased Wife				

CAUSES OF DEATH

Primary

Burns

167

How long

18 hours

Immediate

Unconscious

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes

J R Hooga M.D.

Campbell and
Mer

Accident or Suicide? accident

✓
PHYSICIAN
OR CORONER

Buffalo mice

Buford Co.

Frank Maying

Name
in
Full

Clara Dremming

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1907	Month June	Years 45	Months	Days
Sex female	Color or Race white	Birth-place Keysey W. Va		
Occupation House Keeper	Where Residing if not at place of death			
Married, Single or Widowed married	Name of Wife or Husband John Dremming	Father's Birthplace W. Va		
Father's Name Roland Trenter	Mother's Birthplace W. Va.			
Mother's Maiden Name Catherine Davis	How related to deceased Husband			
Name of person giving information John Dremming				

CAUSES OF DEATH

42

How long 2 yrs

How long 3 mos.

PHYSICIAN
OR CORONER

Primary

Carcinoma of uterus

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

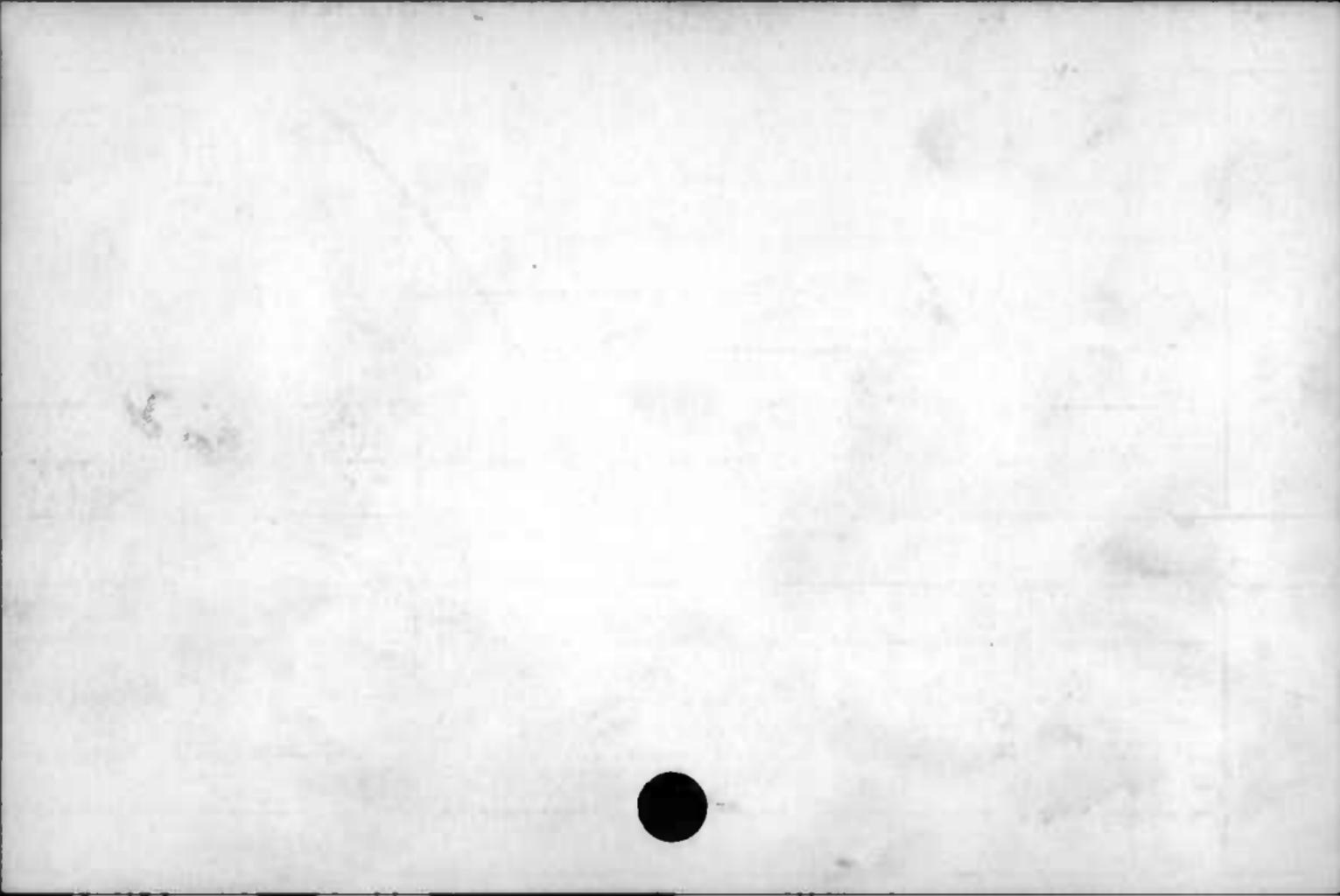
yes

Signature of Physician

Address

P. L. Oliver M.D.
Cumberland Md

Accident or Suicide?



Name
in
Full

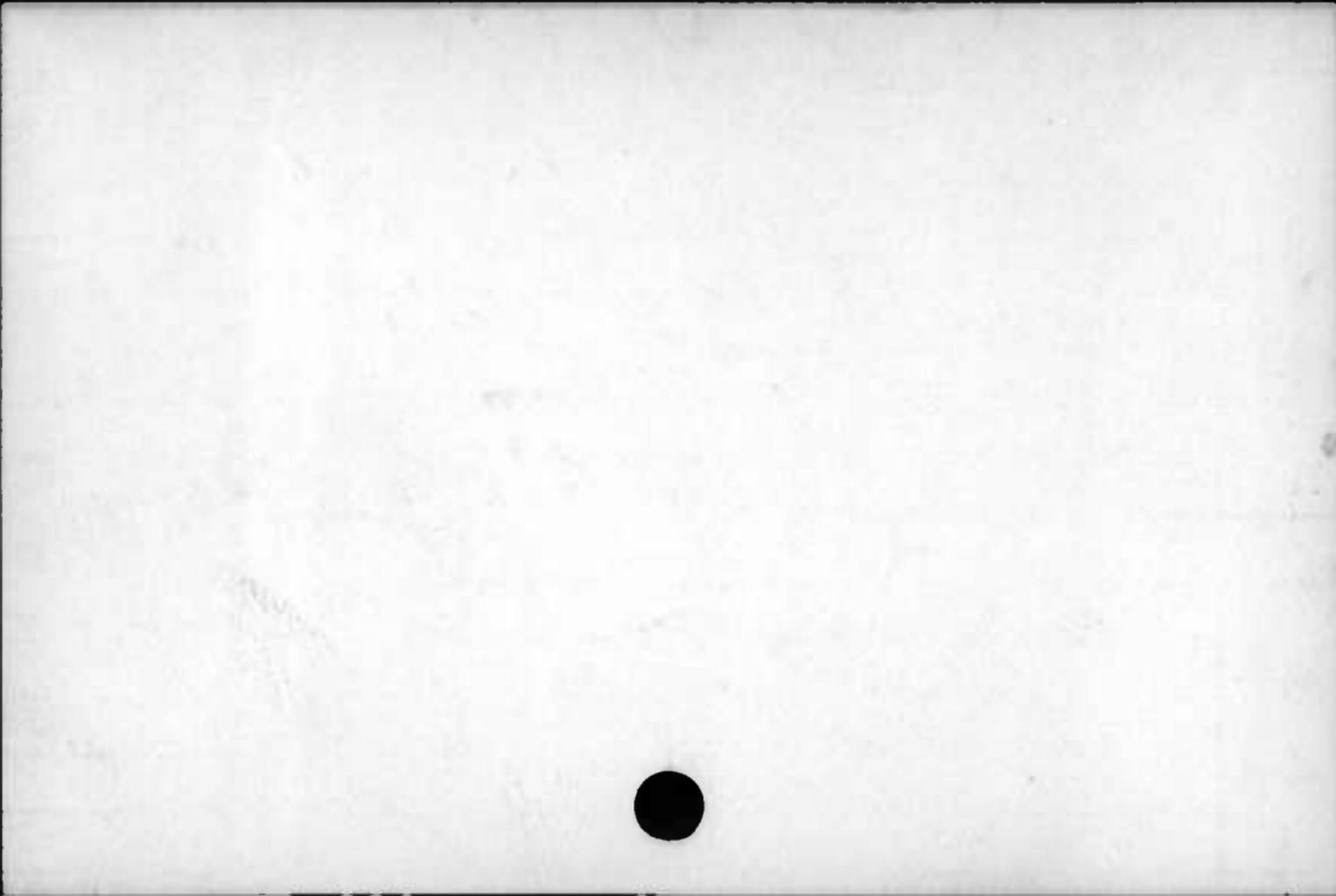
TO BE ANSWERED BY
NEAREST FRIEND

Anna Dorothy Finkelday				CERTIFICATE OF DEATH		
Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birthplace		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	John C Finkelday			Cumberland Md	
Father's Name	Fred Wm Birkhauser			Father's Birthplace	Germany	
Mother's Maiden Name	Elizabeth Wangel			Mother's Birthplace	Germany	
Name of person giving Information	Louisa Frost			How related to deceased	daughter	

CAUSES OF DEATH

104

PHYSICIAN OR CORONER	Primary	Acute Indigestion.	How long	3 days
	Immediate	Heart Failure	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	F. Alan S. Murray	
		Address	Mt Savage Md	
Accident or Suicide?				



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

infant of Lewis Pontan

CERTIFICATE OF DEATH

Died at Cumberland

Town Allegany

MARYLAND

Date of death 1907 Month June Day 27

Years Months Days 2

Sex Female Color or Race White

Occupation nurse Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Lewis Pontan

Father's Birthplace New Orleans

Mother's Maiden Name Rose N Whitney

Mother's Birthplace New Orleans

Name of person giving Information Lewis Pontan

How related to deceased Father

CAUSES OF DEATH

104

Primary Acute Trichogitation

How long 3 hrs

Immediate Cyanization from Turnip

How long half hr

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

C L Owens M.D.

Steal

Address

Cumberland Md

Accident or Suicide?

Owens

PHYSICIAN
OR CORONER

North Mountain West Va
Berkley County

1201½ Lexington ave

Name
in
Full

infant of Walter Frady

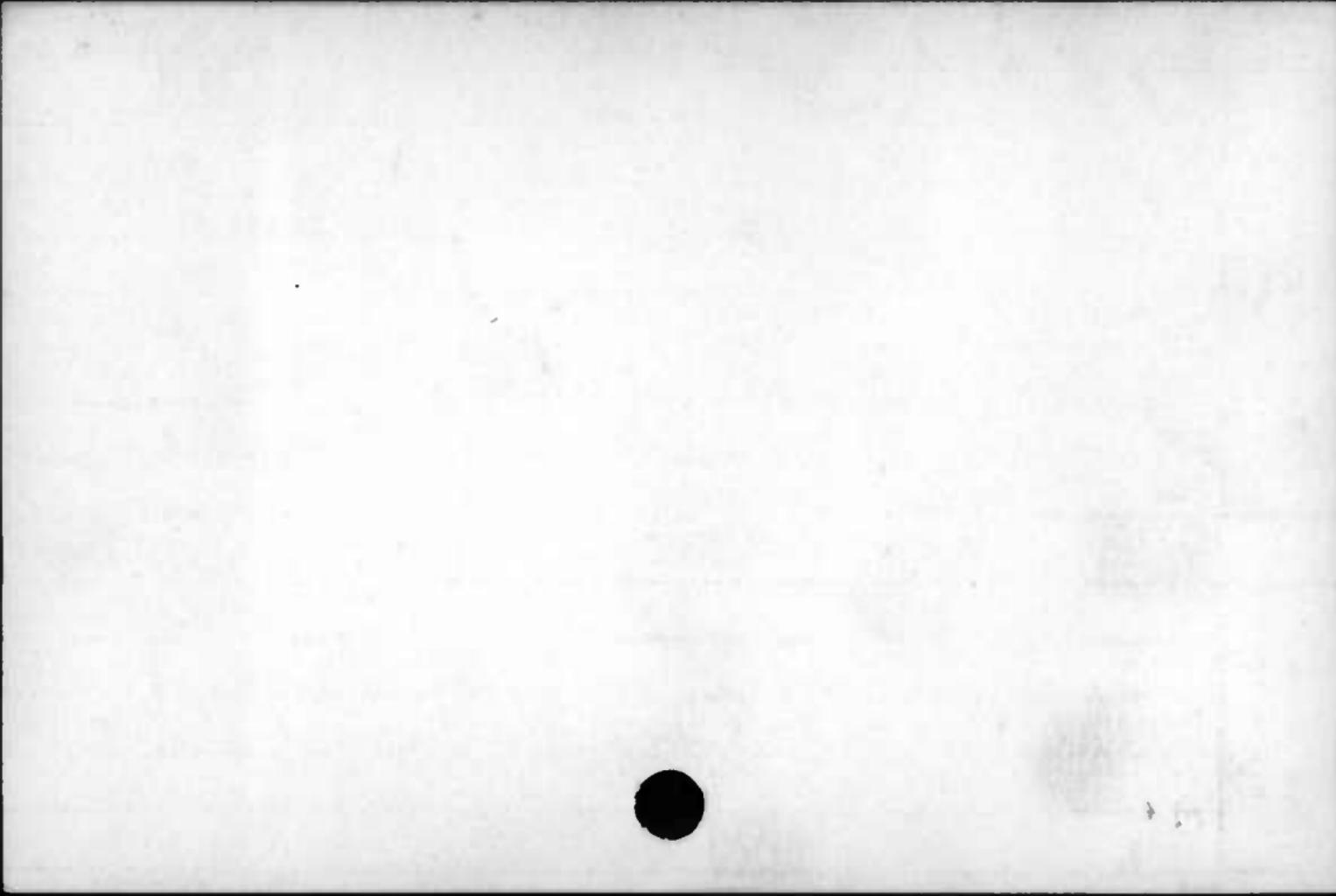
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u>		Town <u>Baltimore</u>	County <u>Maryland</u>	MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>6</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ind.</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Walter Frady</u>	Father's Birthplace <u>West Va</u>				⑧
Mother's Maiden Name <u>Viola Gerdeman</u>	Mother's Birthplace <u>Md</u>				Mother
Name of person giving Information <u>Viola Frady</u>	How related to deceased				Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Premature Birth</u>	⑧	How long
	Immediate <u>Premature Birth</u>	⑧	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Thomas W. Kroon</u>	
		Address <u>Garrison Fund Md</u>	
Accident or Suicide?			



Name
in
Full

Francis M Frey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Cumberland	Allegany				
Date of death	Month	Day	Years	Months	Days	
1907	June	13	11	3	10	
Sex	Color or Race	White		Birth-place	Md Lake Park	
Occupation	Where Residing if not at place of death		-			
Married, Single or Widowed	Name of Wife or Husband	-				
Single	-					
Father's Name	James W Frey		Father's Birthplace		Md Va	
Mother's Maiden Name	Maude Paris		Mother's Birthplace		Md Va	
Name of person giving information	Maude Frey		How related to deceased		Mother.	

CAUSES OF DEATH

96

PHYSICIAN
OR CORONER

Primary

Gangrene of Lungo.

How long

3 week

Immediate

Sepsisemia

How long

Are the name, age, sex, color, date and place correctly given above?

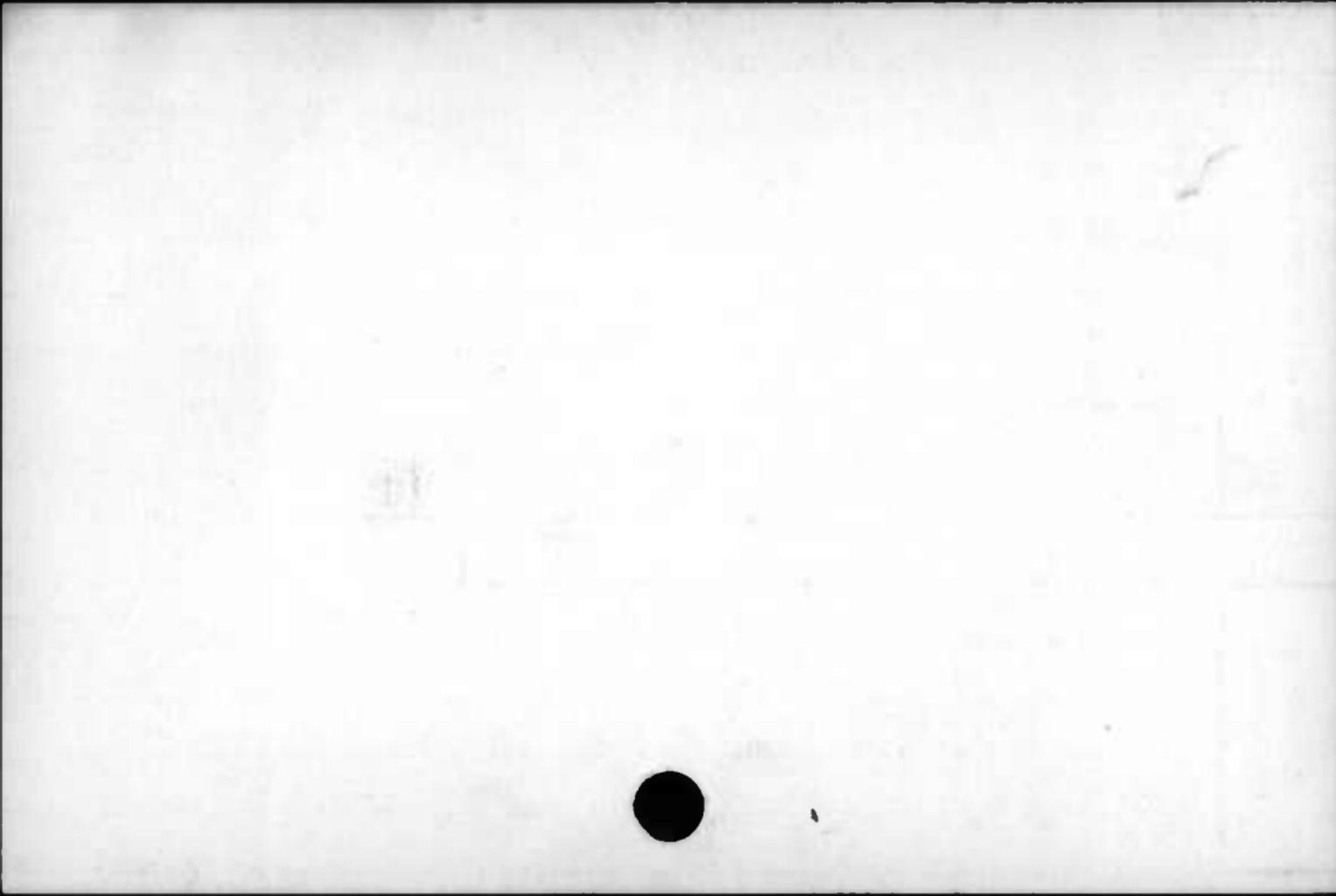
Signature of Physician

E B Claybrook MD

Address

St Cyndesford

Accident or Suicide?



Name
in
Full

Henry Getson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month June	Day 19	Years 57	Months —	Days —	
Sex	Male	Color or Race	White		Birth-place	Germany	
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife Husband	Anna Peterbyrns				
Father's Name	dead		Italy				
Mother's Maiden Name	dead		Italy				
Name of person giving information	Alice Brabner		How related to deceased sister				

CAUSES OF DEATH

Primary	Consumption	(27)	How long	1 yr.
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Dr J Carl Smith
			Address	Cumberland Md.
PHYSICIAN OR CORONER	Dr			
Accident or Suicide?				

01701011e

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month June	Day 27	Years —	Months 8	Days —
Sex	Male	Color or Race	White	Birth-place	Somerset.	
Occupation	nine	Where Residing if not at place of death				—
Married, Single or Widowed	Single	Name of Wife or Husband	Wife	Father's Birthplace	Md	
Father's Name	R H Gathridge	Mother's Maiden Name	Ella Bryant	Mother's Birthplace	Pa	
Name of person giving Information	R H Gathridge	How related to deceased	Father			

CAUSES OF DEATH

105

PHYSICIAN OR CORONER	Primary	Cholera infant & Spasm	How long	7 days
	Immediate	Heart Failure	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	F. L. Bark doce MD	
yes.		Address	S. Cumberland	
Accident or Suicide?				

Saxton Pa

Name
in
Full

Isabella Rea Fixon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓
PHYSICIAN
OR CORONER

Died at	Town	County			
Date of death 1907	Month 6	Day 18	Age 70	Years	Months Days
Sex Female	Color or Race White	Birthplace Tadiz.			
Occupation House WIFE	Where Residing if not at place of death Tumbl'd Md.				
Married, Single or Widowed	Name of Wife or Husband Anderson Fixon	Father's Birthplace Tadiz, O.			
Father's Name Hayes Rea.	Mother's Birthplace Unknown				
Mother's Maiden Name Jane Chambers.	Name of person giving information Anderson Fixon	How related to deceased Husband.			

CAUSES OF DEATH

Primary

Angina pectoris

(80)

How long

a few hours -

Immediate

Breath -

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

R.W. Wiley.
Cumberland, Md.

Accident or Suicide?

Dr. W. W. Wiley.
" Hawkins,

Name
in
Full

Hester, Haff

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1907	Month 6	Day 2	Age	Years	Months	Days	
Sex Female	Color or Race White	Occupation		Birth-place Mt Savage			
Married, Single or Widowed	Child						
Name of Wife or Husband							
Father's Name	Isaac Haff		Father's Birthplace				
Mother's Maiden Name	Bennett		Mother's Birthplace				
Name of person giving information			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis	(92)	How long	one week
Immediate	Pneumonia		How long	36 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. Lark Bennett
			Address	Ellerslie Md
Accident or Suicide?				



Name
in
Full

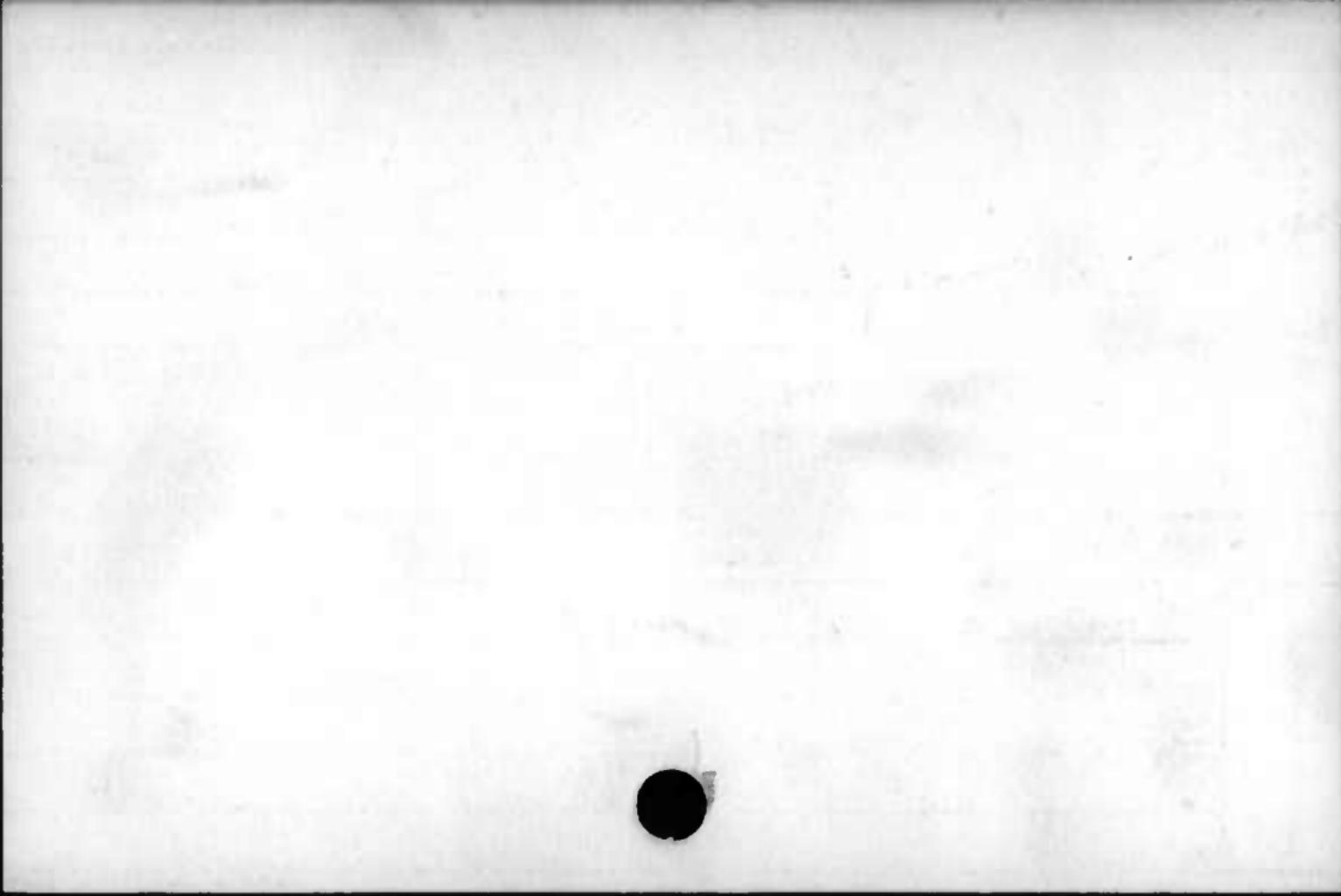
George W. Hughes

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 1907	Month June	Day 20	Years 83	Months —	Days —
Sex Male	Color or Race White	Birth-place Md			
Occupation Bricklayer	Where Residing if not at place of death 314 N Mechanics				
Married, Single or Widowed Widowed	Name of Wife or Husband	Don't Know			
Father's Name	don't Know				
Mother's Maiden Name	don't Know				
Name of person giving Information	How related to deceased Son				
CAUSES OF DEATH					
Primary	Old Age	64	How long		
Immediate	Aphoplexy		How long		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician Dr E B Claybrook		
Yes			Address		
Steut,			Claybrook Cumberland Md.		
Accident or Suicide?					



Name
in
Full

Francis Lorina Right

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Date of death	1907	Month June	Day 16	Years One	Months —	Days 3
Sex	Female	Color or Race	White		Birth-place	Cumberland
Occupation	—	Where Residing if not at place of death				—
Married, Single or Widowed	—	Name of Wife or Husband	—			
Father's Name	Hickey Right			Father's Birthplace	Kegon W.M.	
Mother's Maiden Name	Berlak Becker			Mother's Birthplace	Washington D.C.	
Name of person giving Information	Hickey Right			How related to deceased	Father.	

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary

Spinal Menigitis

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

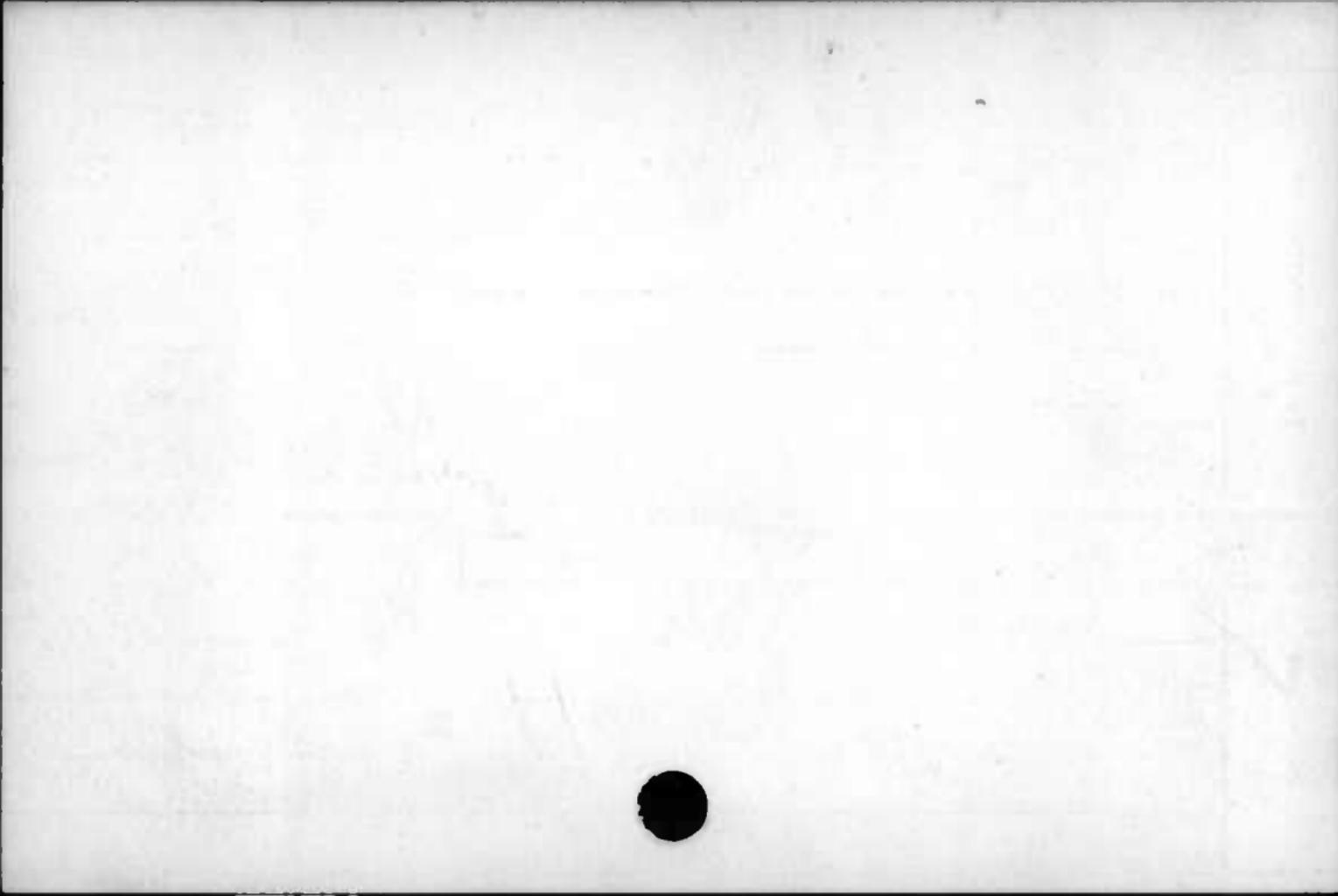
Dr. Thos Koon

stone

Address

Cumberland
Room 300
Md.

Accident or Suicide?



Name
in
Full

J. S. Koerner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

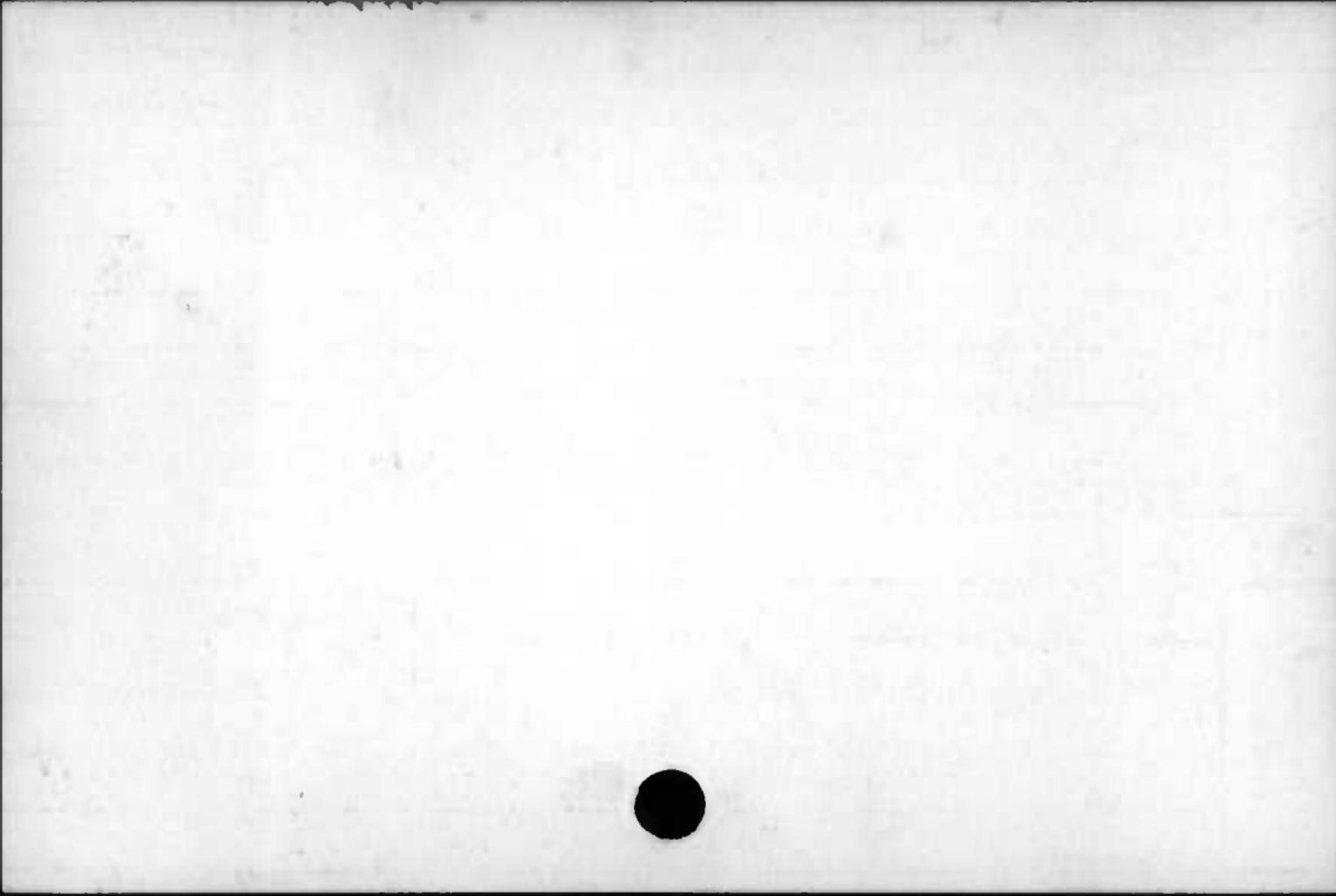
Died at	Town	County			MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	Wife	Birth-place	Pa.		
Occupation	carpenter			Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Sue G. Koerner				
Father's Name	Joseph Koerner			Father's Birthplace	Pa.		
Mother's Maiden Name	Elizabeth Dawson			Mother's Birthplace	Md.		
Name of person giving information	Koerner			How related to deceased	Wife		

CAUSES OF DEATH

120

Primary	Bright's Disease	How long	3 mo.
	Exhaustion	How long	
Immediate			
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. A. Leo Franklin
		Address	Cumberland Md.
Stein			
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
In
Full

Margrette Lee

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Towson	Town	County	MARYLAND		
Date of death	1907	Month June	Day 2	Years 84	Months -	Days -
Sex	Female	Color or Race	Colored	Birth-place	old Town Md	
Occupation	Recreational		Where Residing if not at place of death	-		
Married, Single or Widowed	Widow	Name of Wife or Husband	Silas Lee	Father's Birthplace	Ja	
Father's Name	James Harris			Mother's Birthplace	Ja	
Mother's Maiden Name	Sophia Barnes			How related to deceased	Daughter	
Name of person giving information	Mattie Montgomery					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Feverity
Exhaustion

154

How long

Some year

Immediate

yes

How long

Several w/e

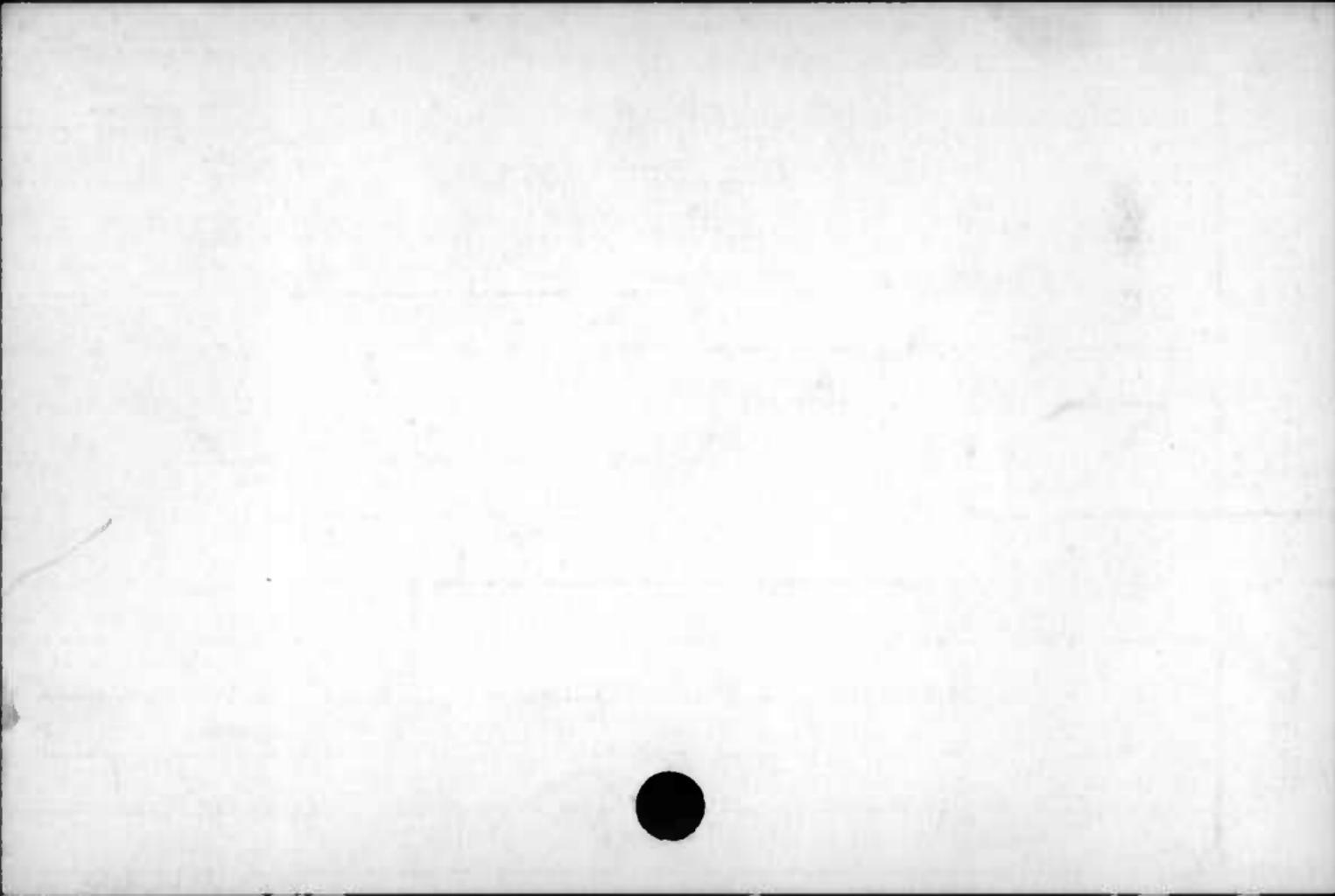
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. J. Burke
Lewes Del.

Accident or Suicide?



Name
in
Full

Ella Margaret Leo

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month June	Day 3	Years 17	Months 10	Days	
Sex	Female	Color or Race	White	Birth-place	Cumberland		
Occupation	Clerk	Where Residing if not at place of death			—		
Married, Single or Widowed	Single	Name of Wife or Husband	—	Father's Birthplace	Cumberland		
Father's Name	Patrick Leo	Mother's Birthplace	Germany				
Mother's Maiden Name	Mary Koldamann	Mother's Birthplace	Germany				
Name of person giving Information	Mary Leo	How related to deceased	Mother				

CAUSES OF DEATH

Primary	Typhoid Fever	How long	10 days
Immediate	Acute Meningitis	How long	4 "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. F. S. Wilson
Yes		Address	Cumberland Md.
Accident or Suicide?			

PHYSICIAN
OR CORONER

Holdarmann

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

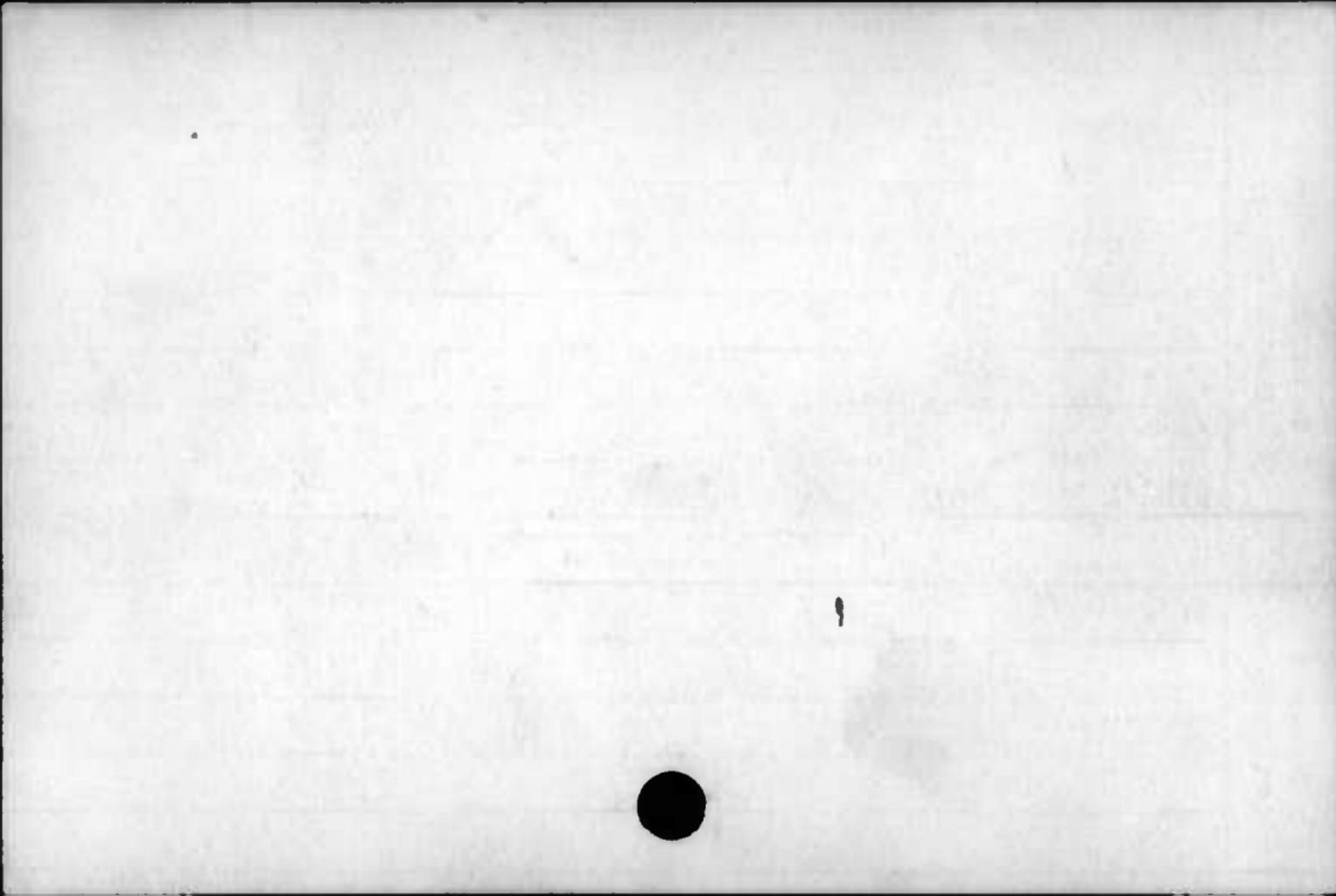
wifant - Clarence Lewis

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1907	Month June	Day 9	Years	Months	Days	
Sex	Female	Color or Race	Colored	Birth-place	Emmett		
Occupation	-	Where Residing if not at place of death					
Married, Single or Widowed	-	Name of Wife or Husband	-	Father's Name	Clarence Lewis (8) Va		
Mother's Maiden Name	Ida	Lewis	-	Mother's Name	Va		
Name of person giving information	Frank Lewis	How related to deceased None.					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Premature birth (8)	How long
	Immediate	-	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Surgeon Francis
Yes		Address	63 N. Mechanic St.
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Accident or Suicide?

William Mc Mahon Mc Kaig

CERTIFICATE OF DEATH

Died at		Town	County			
Date of death	1907	Month 6.	Day 6	Years 62	Months —	Days —
Sex	Male	Color or Race	White	Birth-place		
Occupation	Lawyer			Where Residing if not at place of death	Cumberland Md.	
Married, Single or Widowed				Name of Wife or Husband	Father's Birthplace	Henderson, P.
Father's Name	Robert S. Mc Kaig			Mother's Birthplace	Cumberland	
Mother's Maiden Name	Sarah Mc Mahon			How related to deceased	Cousin	
Name of person giving Information	Norwin Mc Kaig.					

CAUSES OF DEATH

Primary

Parasitis

66

How long

2 yrs

Immediate

Exhaustion

How long

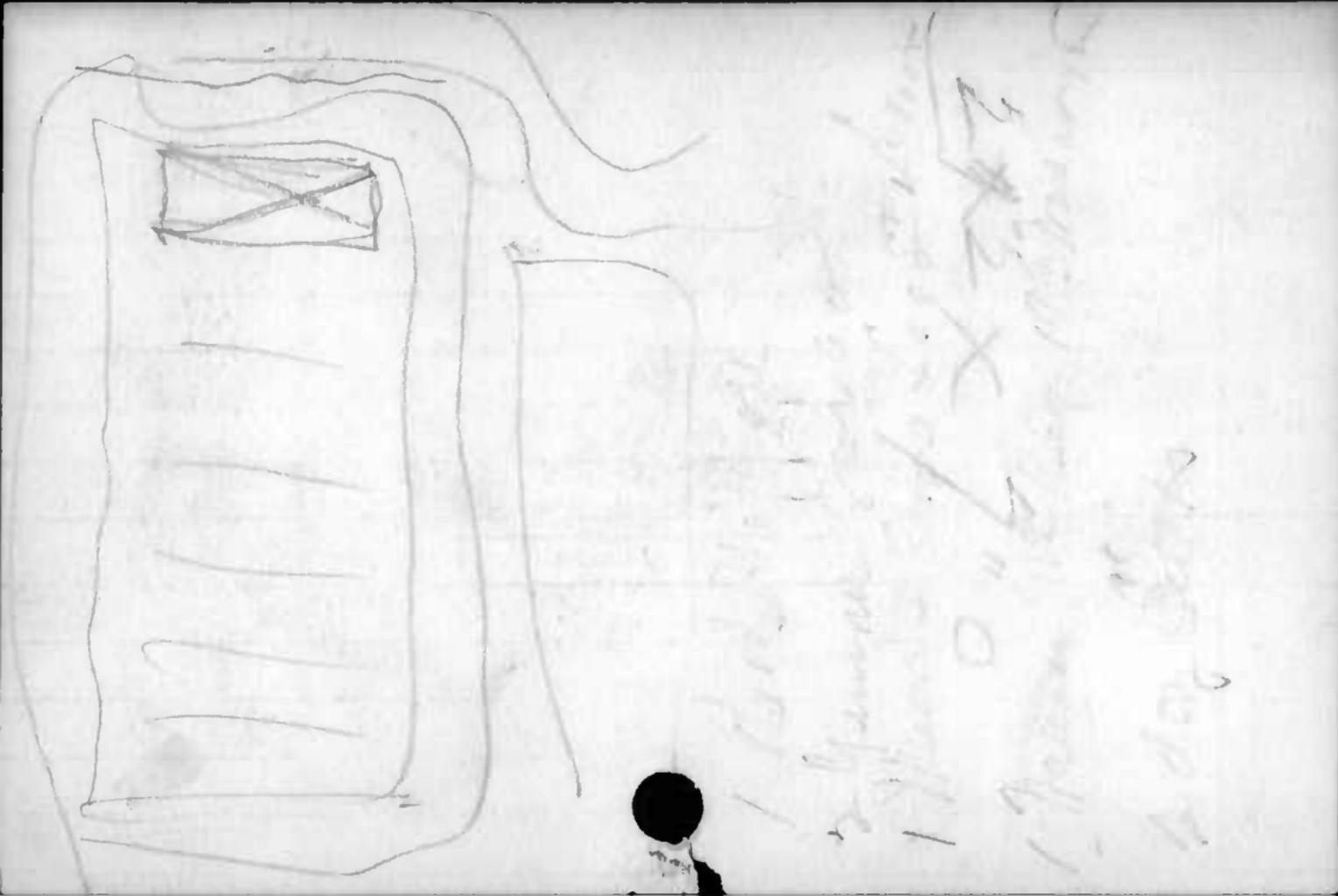
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

James J. Johnson, M.D.
Cumberland Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1907	Month June	Day 25	Age 28	Years 28	Months -	Days -
Sex	Male	Color or Race	White	Birthplace			
Occupation	Miner		Where Residing if not at place of death	Crestonport			
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Daily.				
Father's Name	Thomas Marley		Father's Birthplace	Ireland			
Mother's Maiden Name	Mary A. M. Portland		Mother's Birthplace	England			
Name of person giving Information	Michael Marley		How related to deceased	Brother			

CAUSES OF DEATH

47

Primary

Acute Astreuterian Rhamphitism

How long

3 weeks

Immediate

Meningitis

How long

8 hours

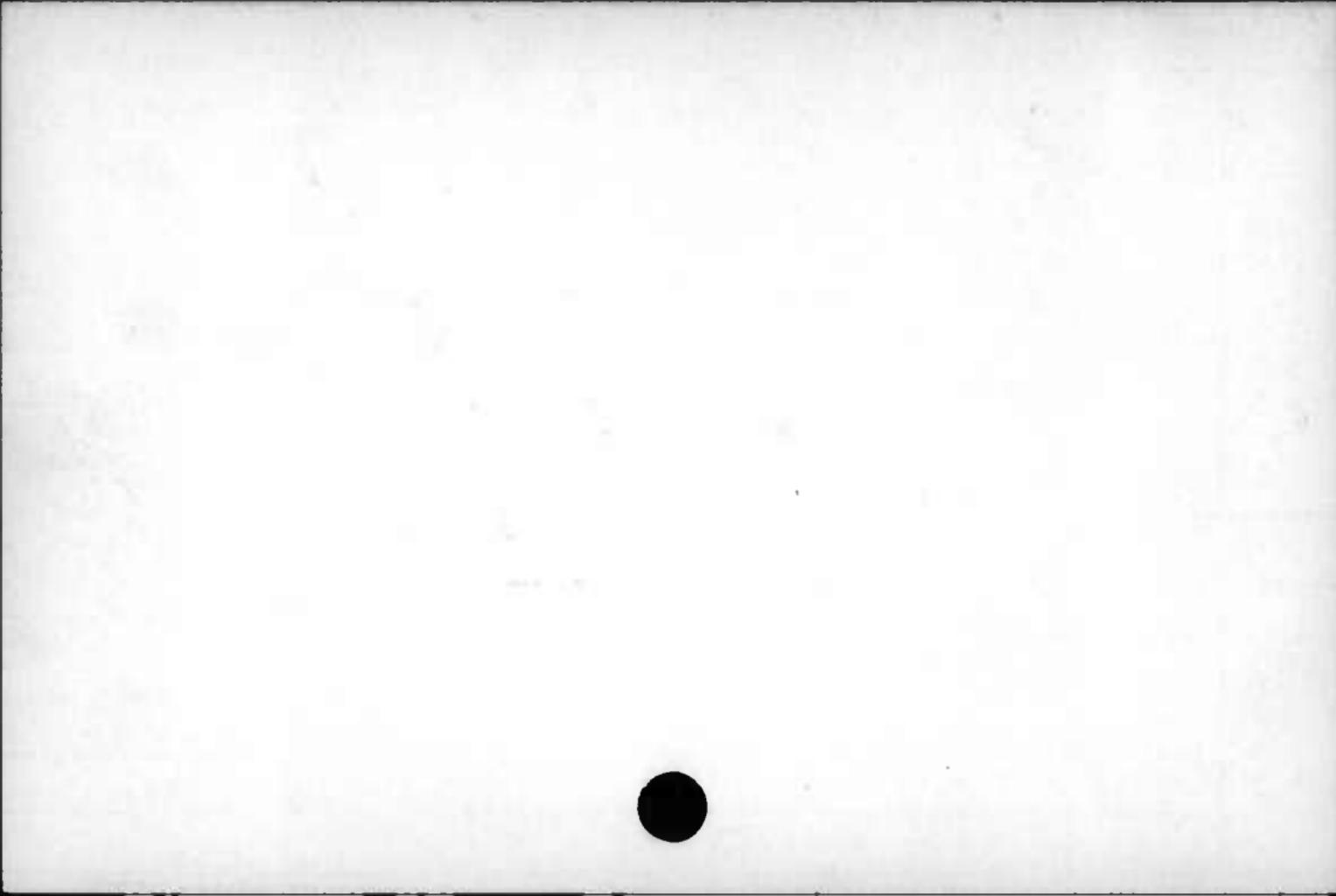
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. G. Skilling,
Lonaconing,

Accident or Suicide?



Name
in
Full

Ligrant Metz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

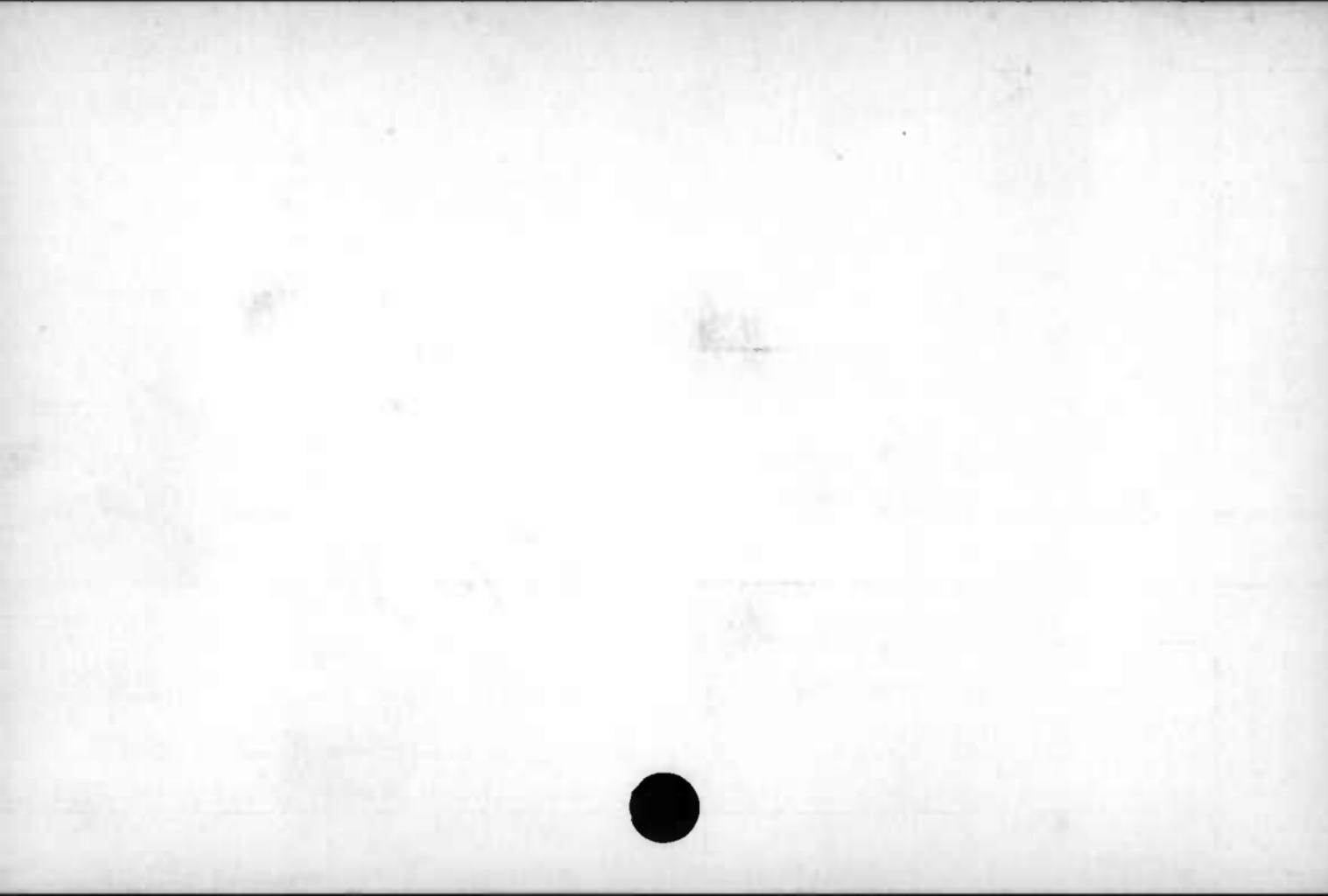
Died at	Town	County	MARYLAND
Date of death	Month	Years	Days
1907	June	6	14
Sex	Color or Race	Birth-place	
Female	White	Conowing	
Occupation	Where Residing if not at place of death		
None			
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Single	John A. Metz	Conowing	
Father's Name		Mother's Birthplace	
Mother's Maiden Name	Margaret Lashbarger	Bartons	
Name of person giving Information	Leonard Metz	How related to deceased	
		Miceli	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera-in jaundice	How long	One week
Immediate	Diarrhoea	How long	" "
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E.W. Skilling MD
		Address	Conowing
Accident or Suicide?			



Name
in
Full

Catherine Purinton

CERTIFICATE OF DEATH

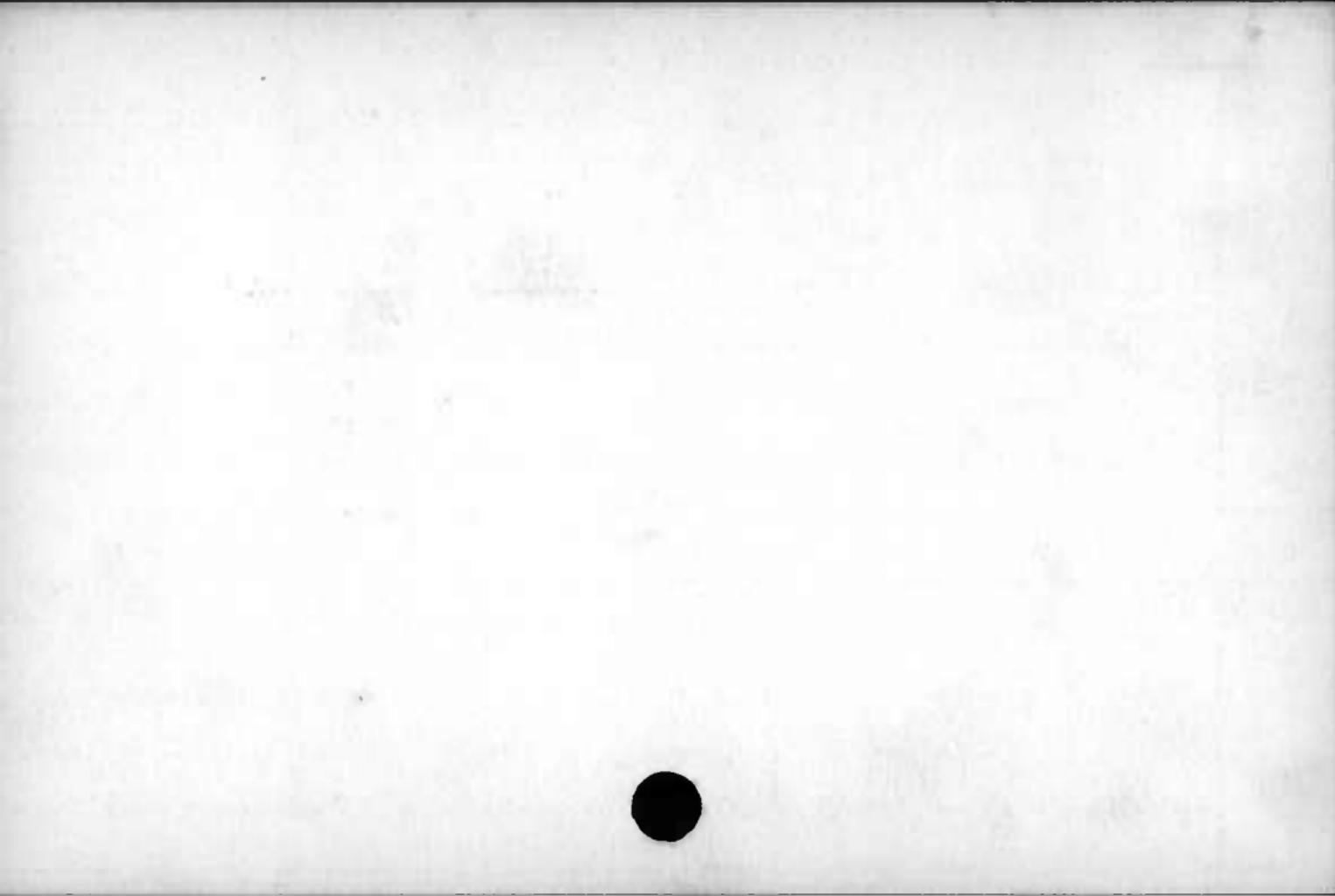
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1907	Month June	Day 27	Years 23 -	Months -	Days -	
Sex	Female	Color or Race	White	Birth-place	Frostburg Md		
Occupation	Swife	Where Residing if not at place of death		Cumberland Md			
Married, Single or Widowed	married	Name of Wife or Husband	Frank Purinton		Father's Birthplace	Don't Know	
Father's Name	John Shaw	Mother's Maiden Name	Cosgrave		Mother's Birthplace	Don't Know	
Name of person giving information	Frank Purinton	How related to deceased			Husband		

CAUSES OF DEATH

Primary	Tuberculosis	(27)	How long	2 yrs
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Dr Edw Harris
			Address	Cumberland Md.
Accident or Suicide?				



Name
in
Full

Mary A. Rawlings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Female	Color or Race	Age	83
Occupation	House Wife	Where Residing if not place of death	Birthplace	M.D.
Married, Single or Widowed	Single	Name of Wife or Husband	Father's Birthplace	Unknown
Father's Name	Reynolds How L.S.			Mother's Birthplace
Mother's Maiden Name	Unknown			" " "
Name of person giving Information	James N. Rawlings Son			How related to deceased

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Inferior heart & age

How long

Immediate

Brain

How long

Are the name, age, sex, color, date and place correctly given above?

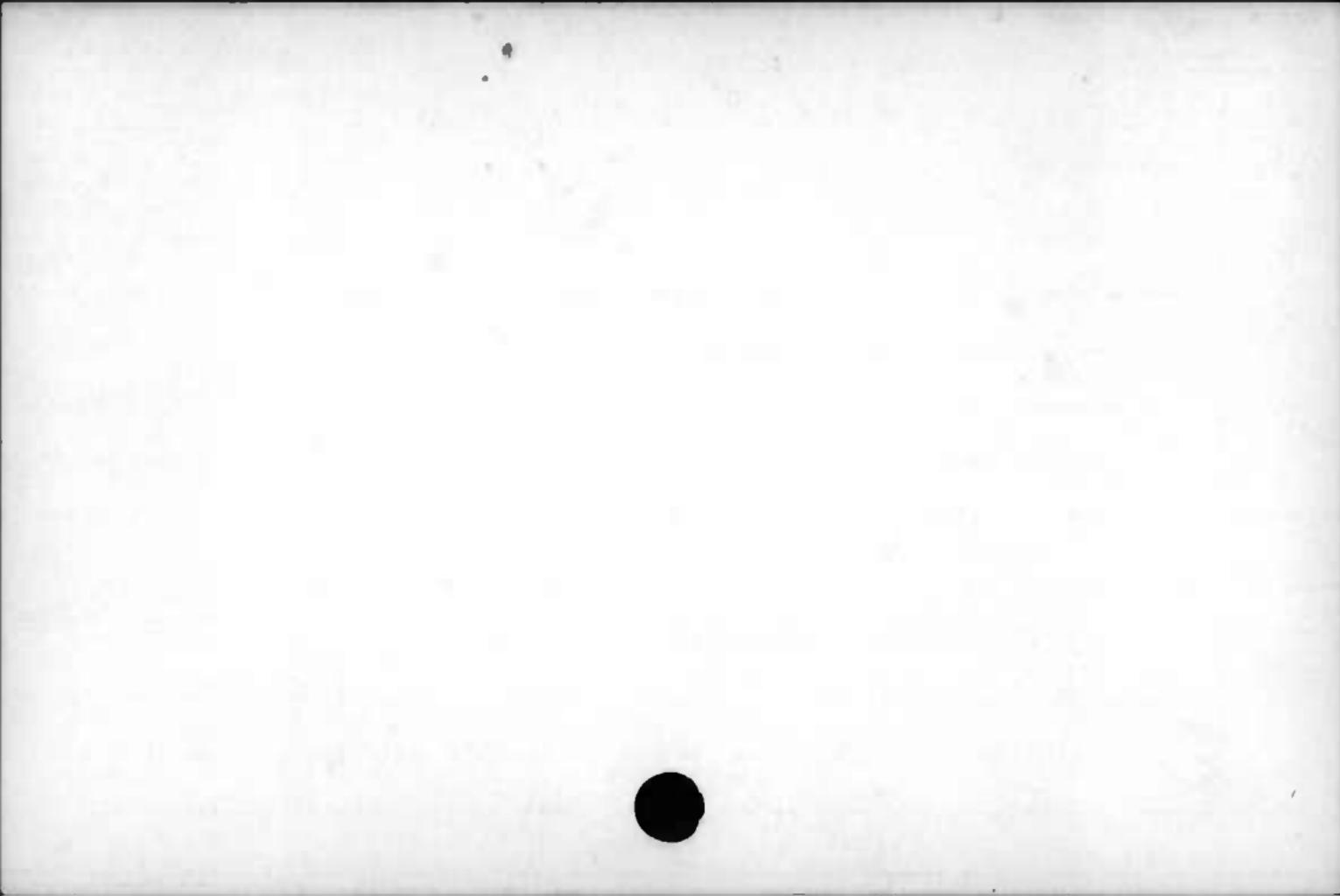
Signature of Physician

Address

R. M. May

Baltimore, Md.

Accident or Suicide



Not named

Town

Buschlein
County

CERTIFICATE OF DEATH

MARYLAND

Died at Tennessee

Age 0

Months 0 Days 0

Date of death 1907 Month June Day 5

Years 0

Sex male

Color or Race white

Birth-place Cumberland

Occupation school

Where Residing if not
at place of death
Cumberland Md.Married, Single
or WidowedName of Wife or
Husband —

(8)

Father's Name

Richard Buschlein

Father's Birthplace

Cumberland Md.

Mother's Maiden Name

Viola Mety

Mother's Birthplace

Cumberland Md.

Name of person giving
Information

Mrs. Miller

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Premature Birth

(8)

How long

—

Immediate

—

How long

—

Are the name, age, sex, color, date
and place correctly given above?

JG

Signature of
Physician

Address

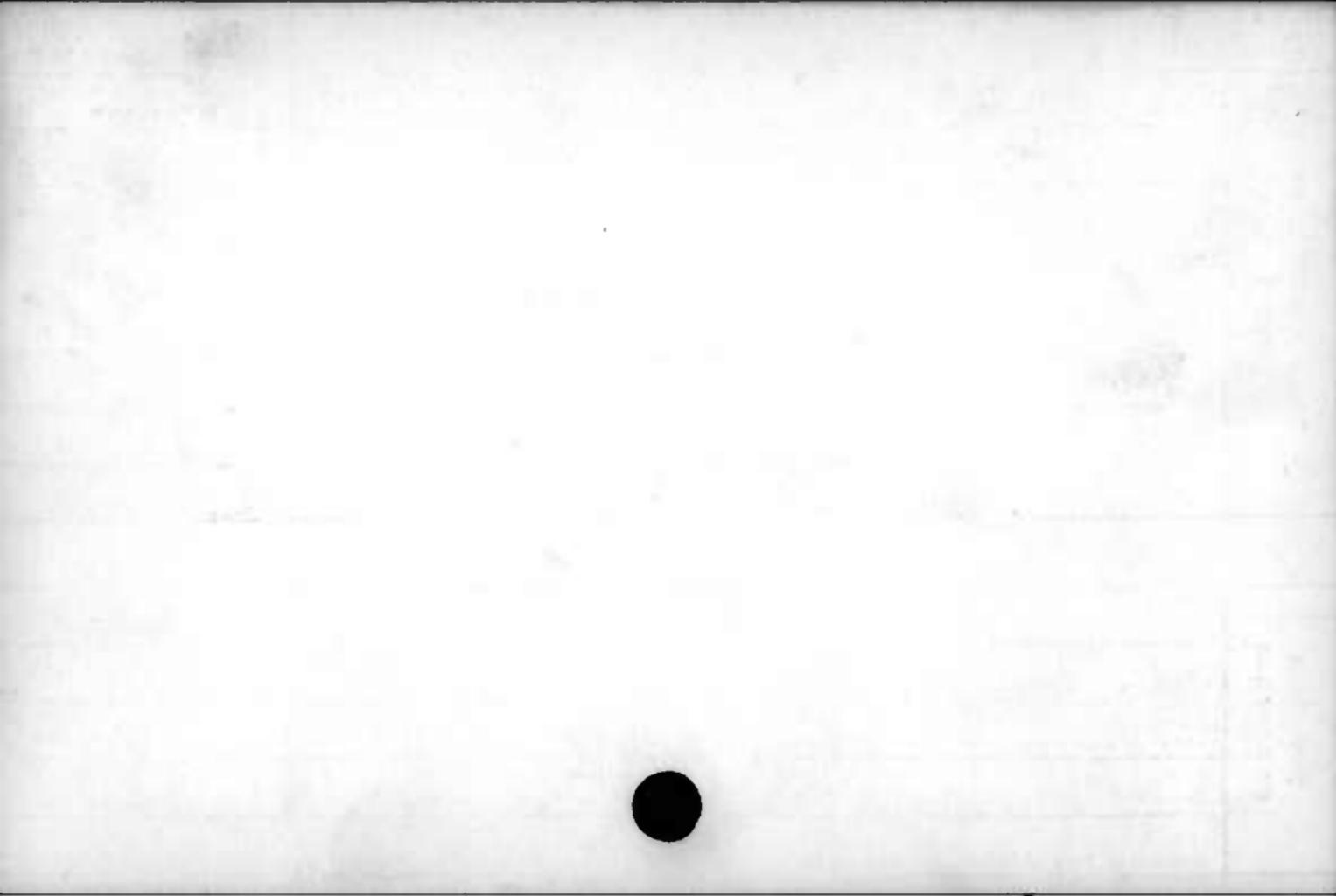
J. G. Weller

Cumberland

Md.

Accident or Suicide?

—



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

May Sebold

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1907	Month June	Day 11	Years 44	Months	Days
Sex	Female	Color or Race	White		Birth-place	Garrison Md
Occupation	Maid	Where Residing if not at place of death			~~~	
Married, Single or Widowed	Singe	Name of Wife or Husband	~~~			
Father's Name	Francis Sebold	Father's Birthplace		Md		
Mother's Maiden Name	May Malling	Mother's Birthplace		Md.		
Name of person giving information	Mr James Fales	How related to deceased		Sister		

CAUSES OF DEATH

180

How long

Months.

How long

" "

Primary

Bright's Disease

Immediate

" "

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Thomas Korn M.D.
Emmett Avenue

Steer

Accident or Suicide?

miss very selected.

sister of James Fabrey. 55.

Rock. 2 years - Deceased 10-10-

Formerly wife of the late John

3 Brothers - Dominic ^{one} James & Martin

3 sons - Mo. James Dorey.

Wife Mary Clara of Dorey.

Name
in
Full

Ralf Henry Sheets

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
S. Cumberland	Allegany		
Date of death	Month	Day	Years Months Days
1907	June	19	— 5
Sex	Color or Race	Birth-place	
Male	white	S. Cumberland	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Na
Father's Name	Samford Sheets	Mother's Birthplace	Na
Mother's Maiden Name	Bertie Miller	Name of person giving information	Father
Samford Sheets			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Indigestion

104

How long

2 hrs

Immediate

Exhaustion

How long

half hr.

Are the name, age, sex, color, date and place correctly given above?

yes

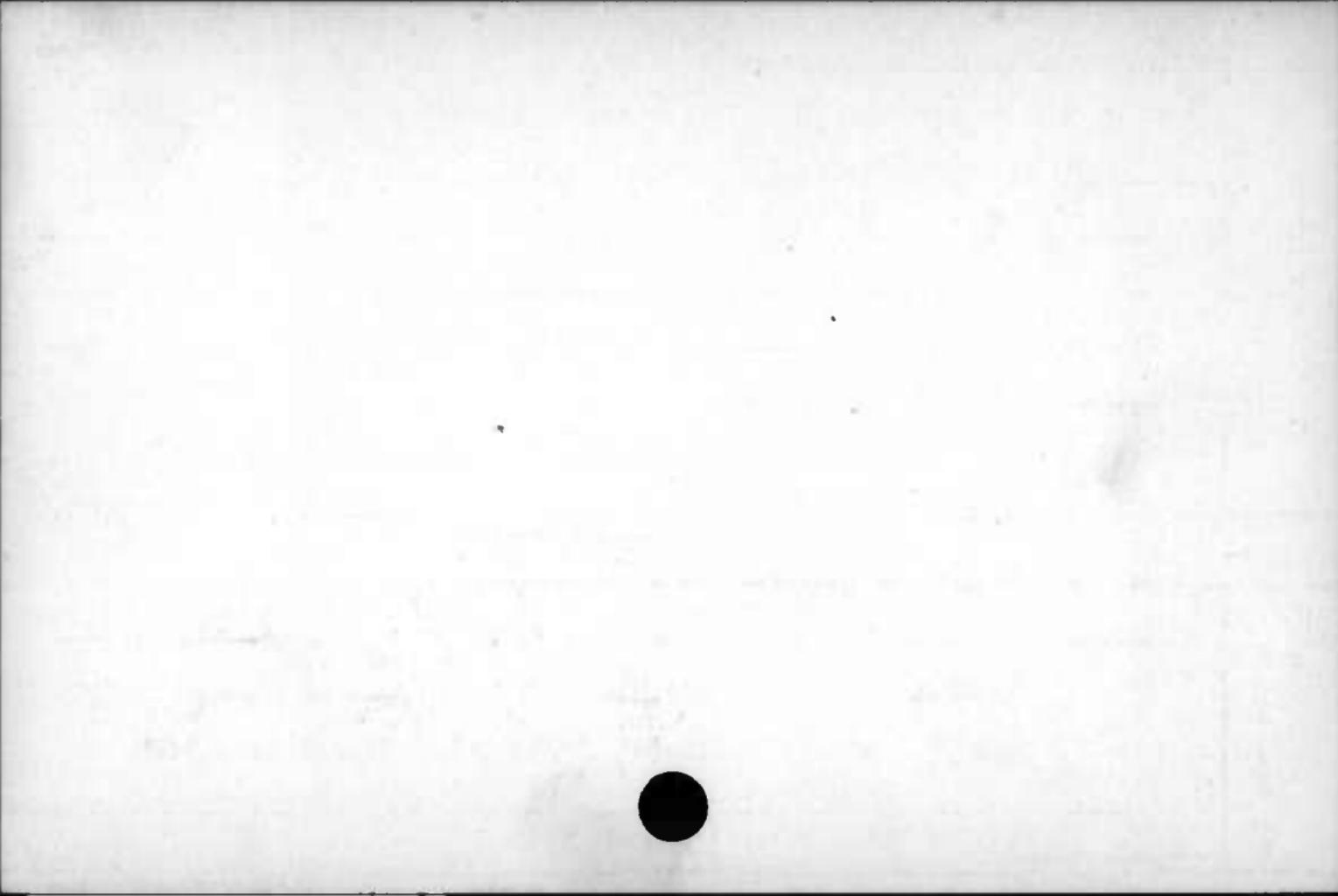
Signature of Physician

Address

P L Owens M.D.
Cumberland Md.

Accident or Suicide?

No



Name
in
Full

Thomas Perry Shiriver

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Henry Shiriver				
Mother's Maiden Name	Harrietta Sherrywolden				
Name of person giving Information	Henry Shiriver				

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary

Neuromitis & Paralysis

How long

2 days

Immediate

Heart Failure

How long

8 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

F. Alan G. Murray

West Savage

Accident or Suicide?



Name
in
Full

Henry E Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

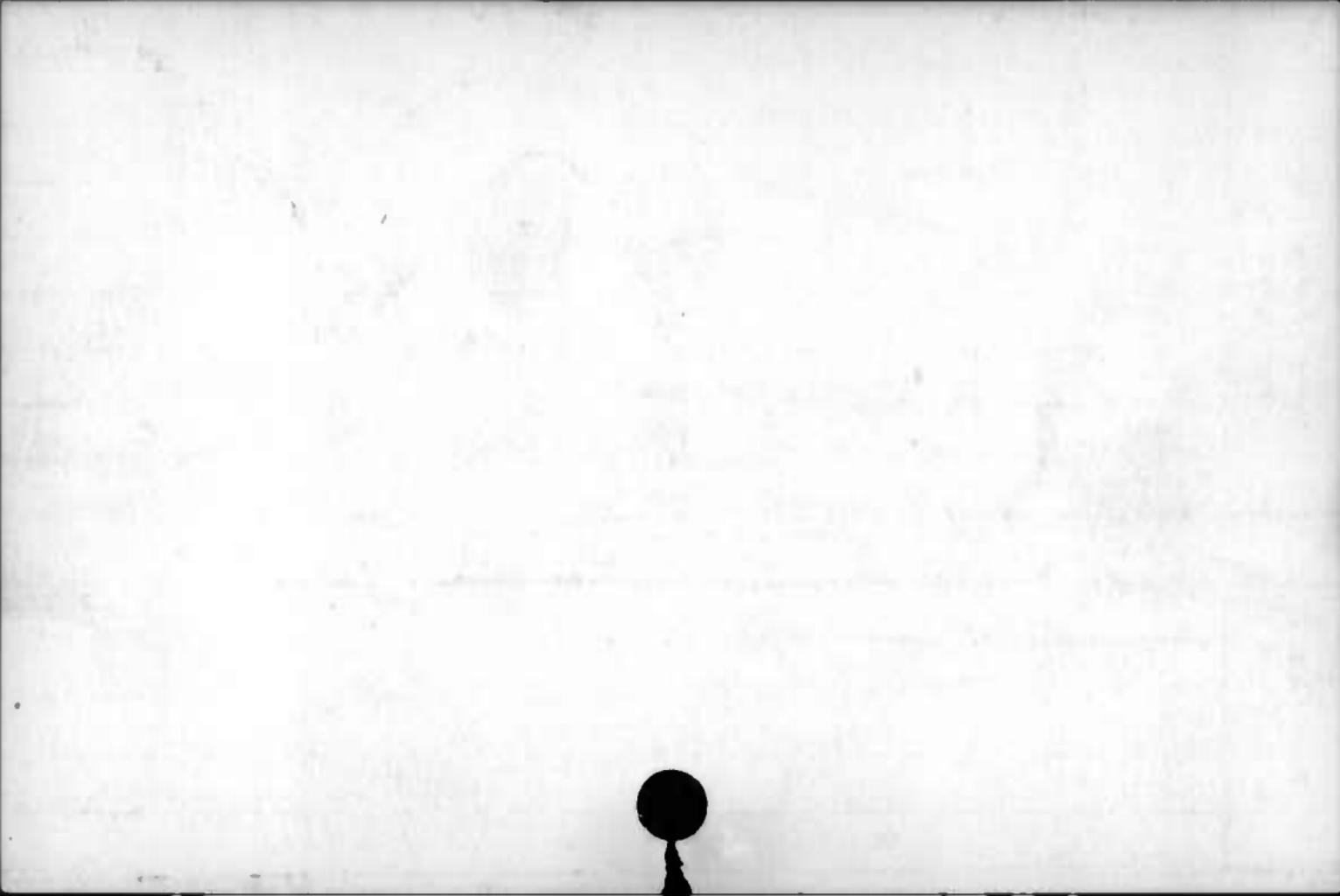
Died at	Town	County	MARYLAND
Date of death 1907	Month June	Day 29	Years -
Sex Male	Color or Race White	Birth-place Illinois	
Occupation Carpenter	Where Residing if not at place of death		
Married, Single or Widowed married	Name of Wife or Husband Kezia Smith	Father's Name Jacob Smith	Father's Birthplace Va.
Mother's Maiden Name Catherine Burt	Batherine Burt	Mother's Birthplace Va.	
Name of person giving Information	Humbird Smith	How related to deceased Son	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Organic Heart trouble & dropsy		
Immediate	Heart Failure		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Dr F.L. Barkdoll	How long 8 months
		Address So Cumberland	How long 6 hours
Accident or Suicide? <i>sterile</i>			Md.



Name
in
Full

Leon Sourbine

CERTIFICATE OF DEATH

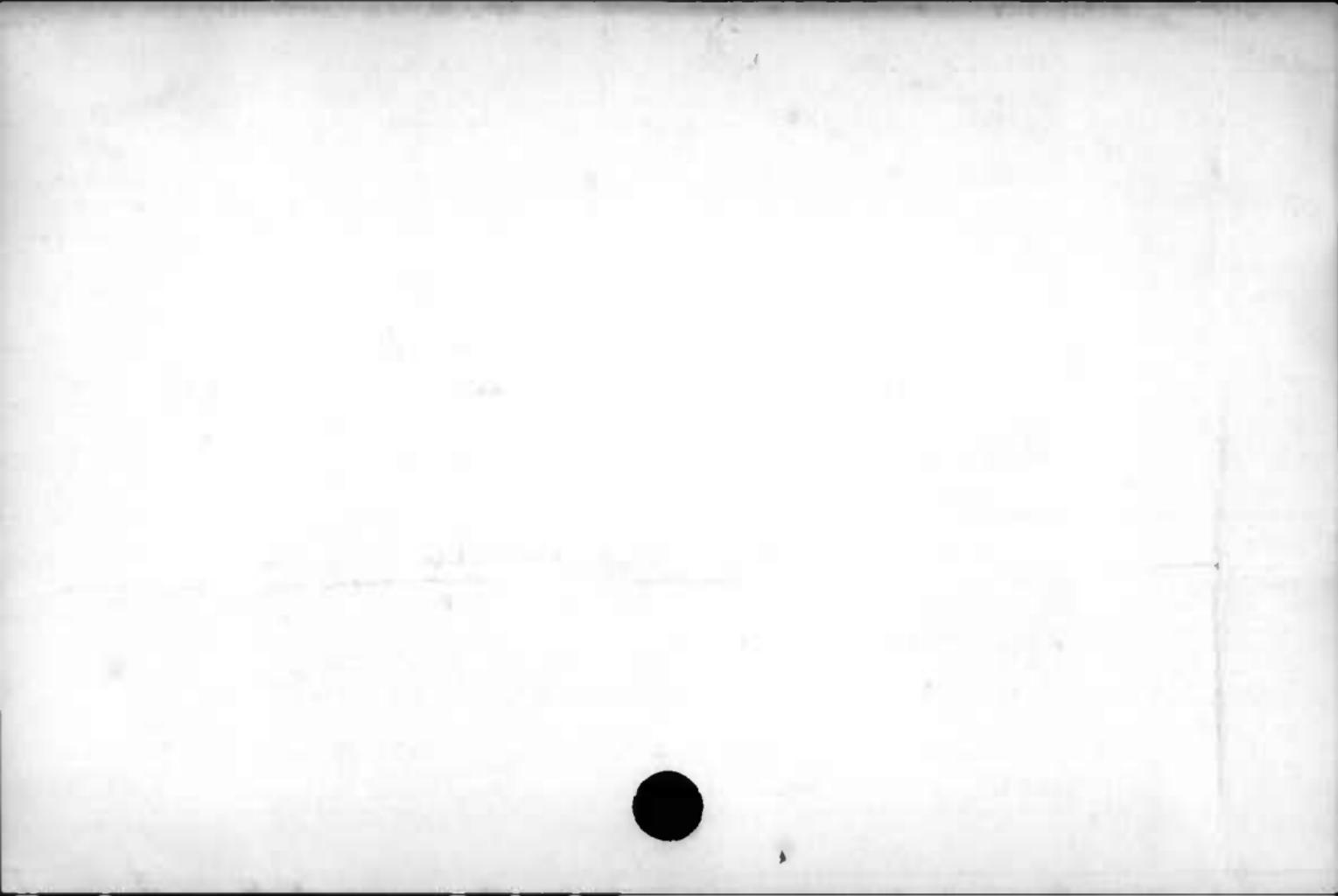
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Years	Months	Days	
1907	June	3	-	-	8
Sex	Color or Race	Age	Birth-place	Mt Saraga	
male	white	-	Mt Saraga	Mt Saraga	
Occupation	Where Residing if not at place of death			Mt Saraga	
Married, Single or Widowed	Name of Wife or Husband				
—	—				
Father's Name	Frank Sourbine				
Mother's Maiden Name	Mary Ruby				
Name of person giving Information	Mary Ruby				
Father's Birthplace	Mt Saraga				
Mother's Birthplace	Bravo Co Pa.				
How related to deceased	Mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	mal for malon - 150	How long	8 days
Immediate	Convulsions.	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	G. L. Stevenson
		Address	Mt Saraga.
Accident or Suicide?			



Name
in
Full

Joseph B. Stottemyer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Christina Sto Zeigler			
Father's Name	Peter Stottemyer	Peter's Birthplace			Virginia
Mother's Maiden Name	Jane Heiggins	Mother's Birthplace			Virginia
Name of person giving Information	Geo. W. Stottemyer	How related to deceased			Son

CAUSES OF DEATH

179

How long

How long

PHYSICIAN
OR CORONER

Primary

Supposed to be Heart failure Died suddenly

Immediate

no physician or coroner in attendance

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

No physician

Riley H. Gonker, J.P.

Accident or Suicide?

State Board of Health,
of Baltimore, Md.

Name
in
Full

Lydia Tharp

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1907	Month 6	Years 10	Months 10
Day 17	Age 10, hours	Days	
Sex Female	Color or Race white	Birth- place Frostburg	
Married, Single or Widowed	Occupation		
Name of Wife or Husband			
Father's Name	William W. Tharp	Father's Birthplace	Penna
Mother's Maiden Name	Mary F. Kempf	Mother's Birthplace	Md.
Name of person giving Information	Father	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

immaturity

151

How long

—

Immediate

immaturity

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

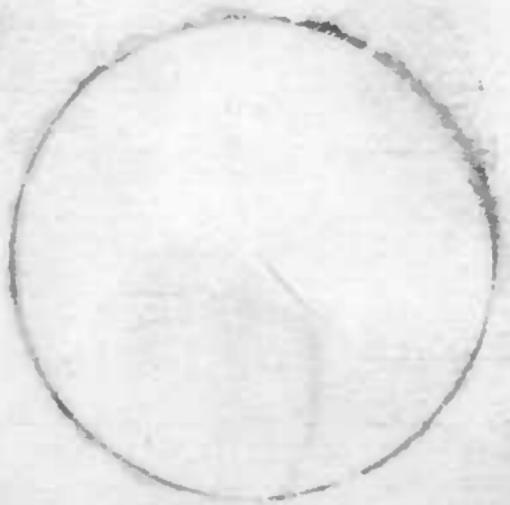
Signature of
Physician

Address

George L. Dunningar
Frostburg
Md.

Accident Suicide?





Name
In
Full

Mrs Alleen Topp

CERTIFICATE OF DEATH

MARYLAND

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			
Cumberland		Pleasanton			
Date of death	Month	Day	Years	Months	Days
1907	June	9	83	-	-
Sex	Color or Race	Age	white	Birth-place	Ireland
Female					
Occupation	Where Residing if not at place of death				
Housework	Louis Topp				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	oneland		
widow	Smith				
Father's Name	Mother's Maiden Name	Mother's Birthplace	Johns		
Smith	Knowles		Johns		
Name of person giving Information	How related to deceased	How long	son		
Henry Topp		4 days			

CAUSES OF DEATH

Primary

strokes

(64)

How long

4 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

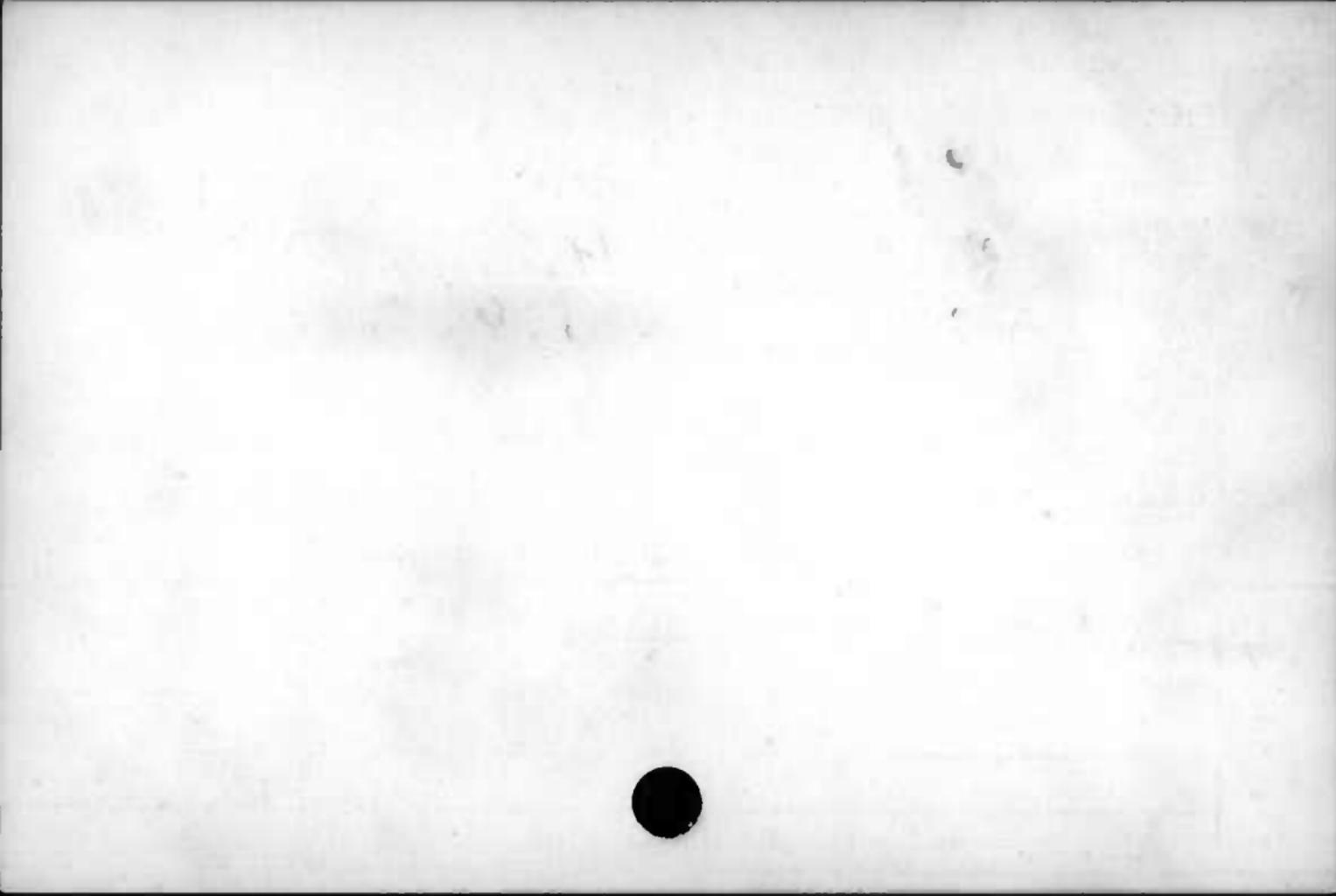
Signature of Physician

Address

S. J. Duke
Cumberland Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

William Marnick.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife - Husband	Baltimore, Md.	
Father's Name	Unknown		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information	How related to deceased		

~~William Marnick~~

CAUSES OF DEATH

41

How long

25c.

Primary

Cancer of Colon Sigmoid Flex.

Immediate

Intestinal obstructions

How long

10 days

✓
PHYSICIAN
OR CORoner

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. K. Hawkins,

Cumberland
Md.

Accident or Suicide?

Hawkins

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

infant of Walter Weaver

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 1907	Month June	Day 6	Age —	Months —	Days —
Sex Male	Color or Race White	Birth-place Md			
Occupation none	Where Residing if not at place of death —				
Married, Single or Widowed Single	Name of Wife or Husband	(8)			
Father's Name Walter Weaver	Father's Birthplace Pa				
Mother's Maiden Name Mary Gres	Mother's Birthplace Md				
Name of person giving Information Walter Weaver	How related to deceased Father				

CAUSES OF DEATH

(8)

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Premature Birth
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

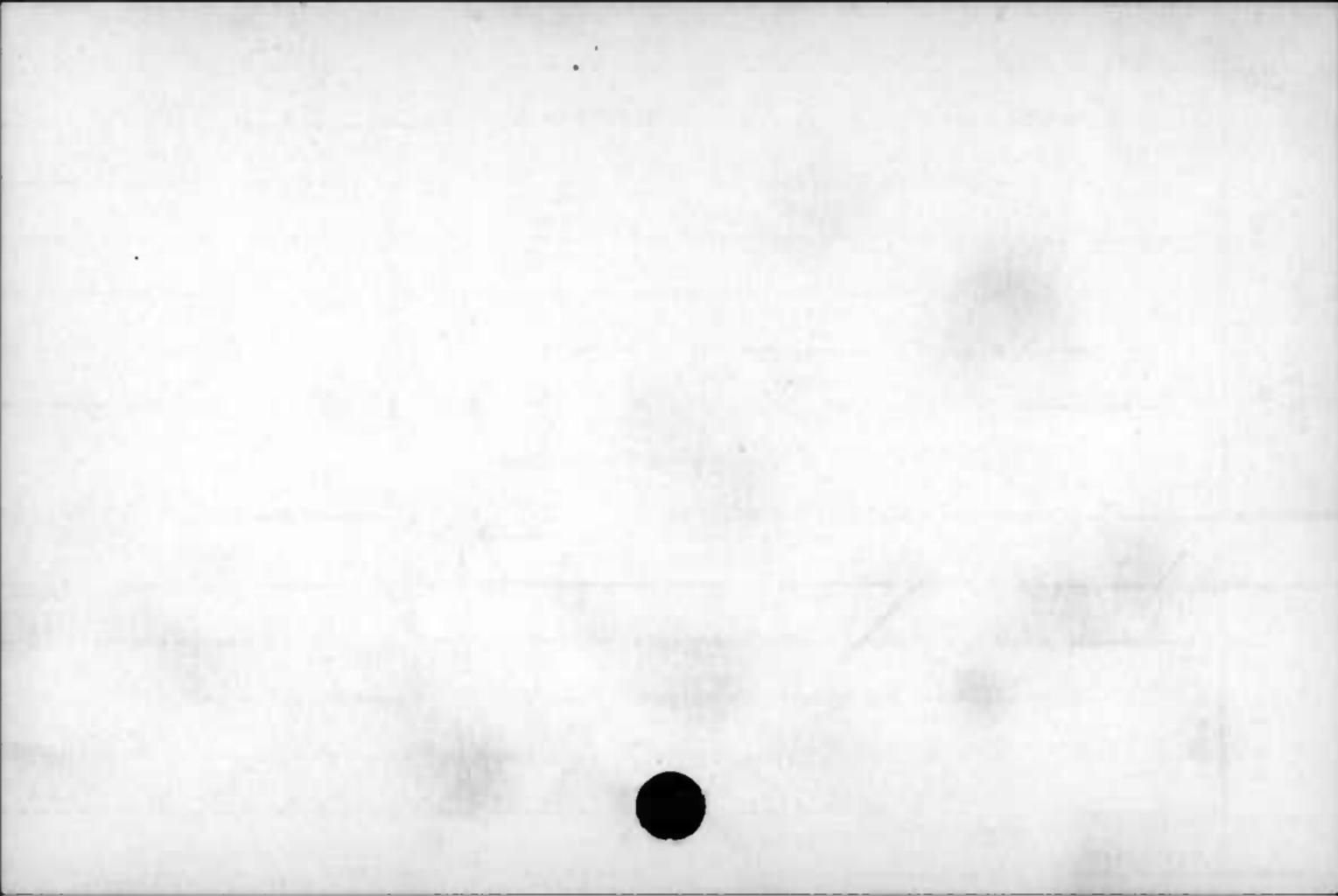
Address

Thomas W Koon

steve yes

Cumberland Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Emma Alice Weller				CERTIFICATE OF DEATH		
Died at	Town	County			MARYLAND	
Date of death	Month	Day	Year	Age	Months	Days
Sex	Color or Race	White			Birth place	Emma
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	—			Father's Birthplace	Pa
Father's Name	Joseph H. Weller			Mother's Birthplace	Pa	
Mother's Maiden Name	Laura Wertz			How related to deceased	Mother	
Name of person giving Information	Laura Weller					

CAUSES OF DEATH

(6)



Primary Measles & Broncitis. How long

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

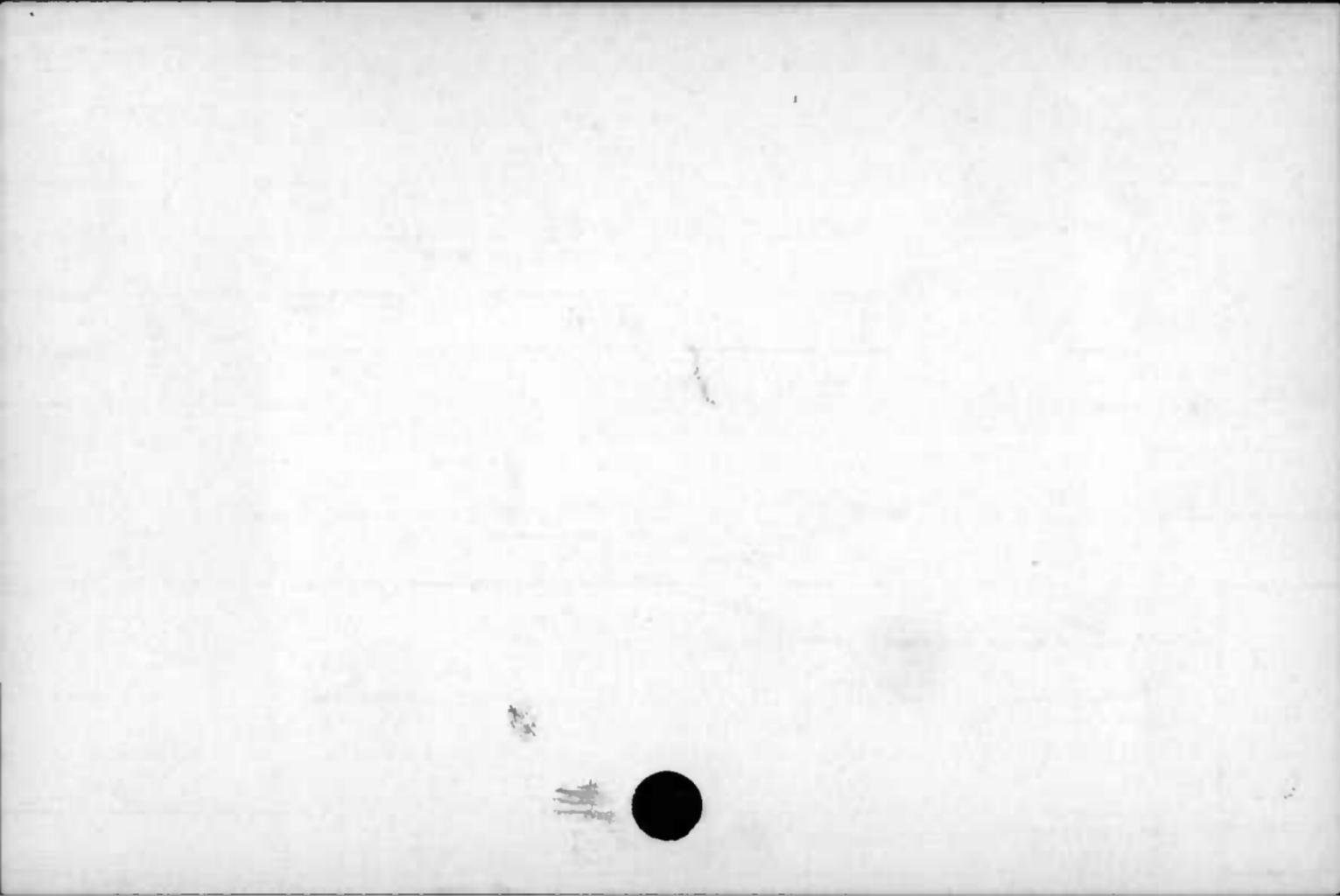
Signature of Physician

Address

Dr. Edw. Harris

Dr. Carroll Island
Md.

Accident or Suicide?



Name
in
Full

Charles Wells

CERTIFICATE OF DEATH

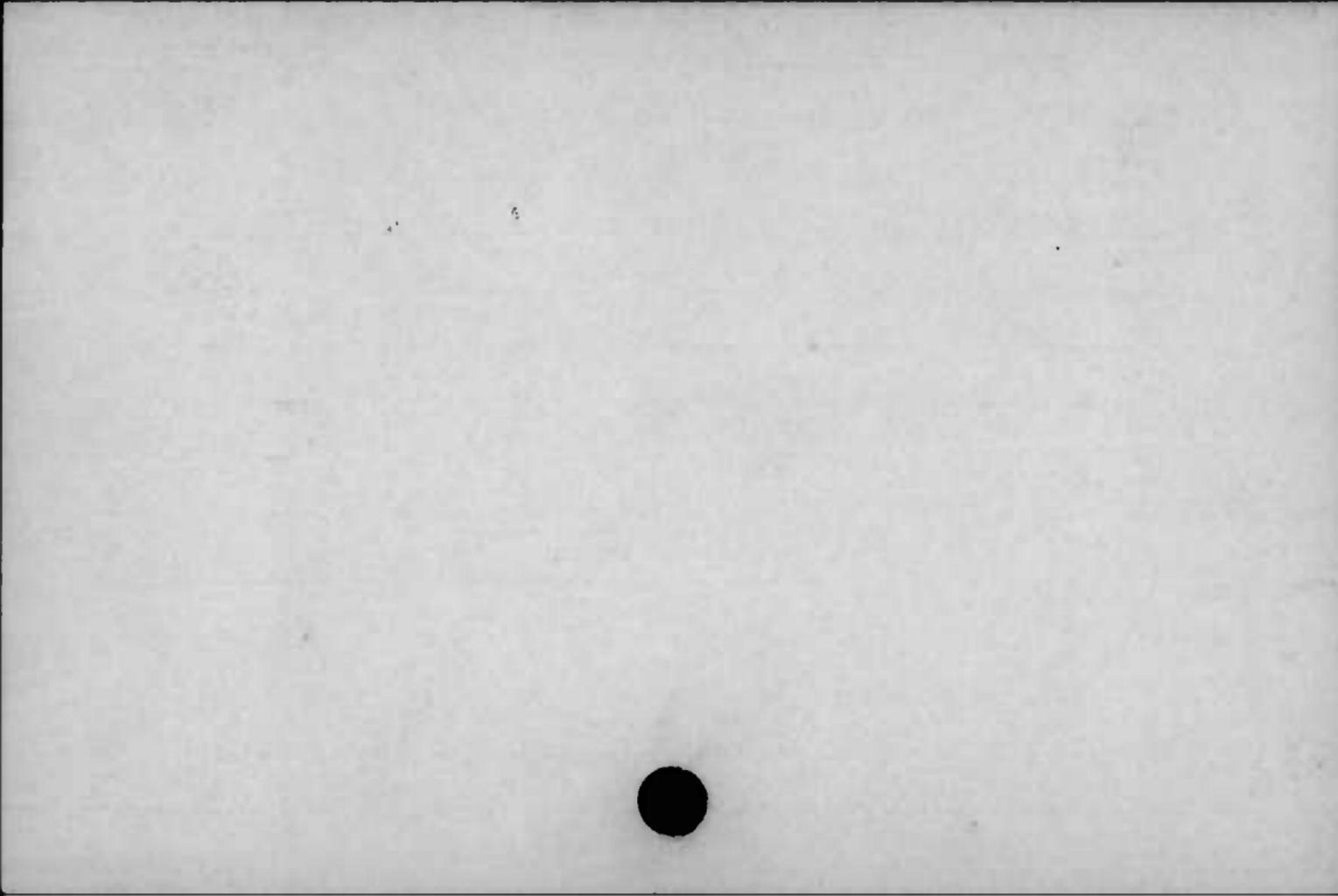
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Age	Years
Sex	Color or Race	Black	Birth-place	Months Days
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Unknown	Father's Birthplace	Unknown
Father's Name	Unknown	Mother's Birthplace	Unknown	Unknown
Mother's Maiden Name	Unknown	How related to deceased	Unknown	Unknown
Name of person giving information				

CAUSES OF DEATH

Primary	Exposure & alcoholism	How long	24 hours
Immediate	Shock (56)	How long	18 hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. R. Hodges M.D.
		Address	Cumberland, Md.
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William J. Wilson

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Was Mary Metz Dead?			
Father's Name	William Wilson	Squash June			Scotland
Mother's Maiden Name	Ellen Patterson	Scotland			Scotland
Name of person giving information	David Wilson	Brother			

CAUSES OF DEATH

Primary	166	How long
Immediate	Killed on Hobash Rail Road	instant

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

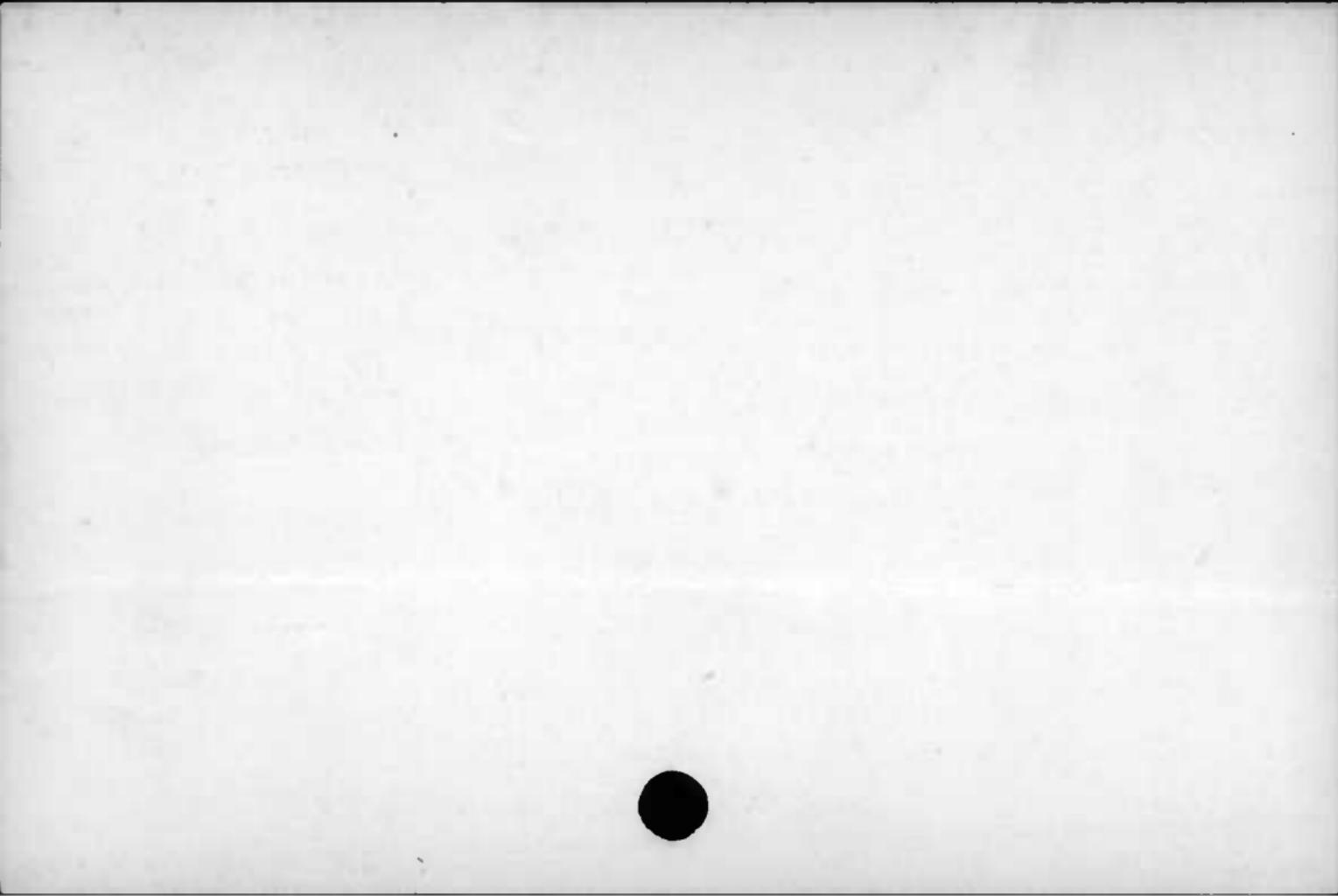
Address

Westerport

Accident or Suicide?

Accident

Allegany Co Md



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

David Winebrenner

CERTIFICATE OF DEATH

Died at <u>Garrison</u>		Town <u>Garrison</u> COUNTY <u>allegany</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>June</u>	Day <u>28</u>	Age <u>40</u>	Years <u>40</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Md</u>				
Occupation <u>Fireman</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Don't Know</u>					
Father's Name <u>Don't Know</u>	Father's Birthplace <u>Don't Know</u>					
Mother's Maiden Name <u>Don't Know</u>	Mother's Birthplace <u>Don't Know</u>					
Name of person giving Information <u>Orrna Winebrenner</u>	How related to deceased <u>Daughter</u>					

CAUSES OF DEATH

(1)

Primary Typhoid fever How long 4 wks.

Immediate Typh & Endo carditis How long 7 days.

Are the name, age, sex, color, date and place correctly given above?

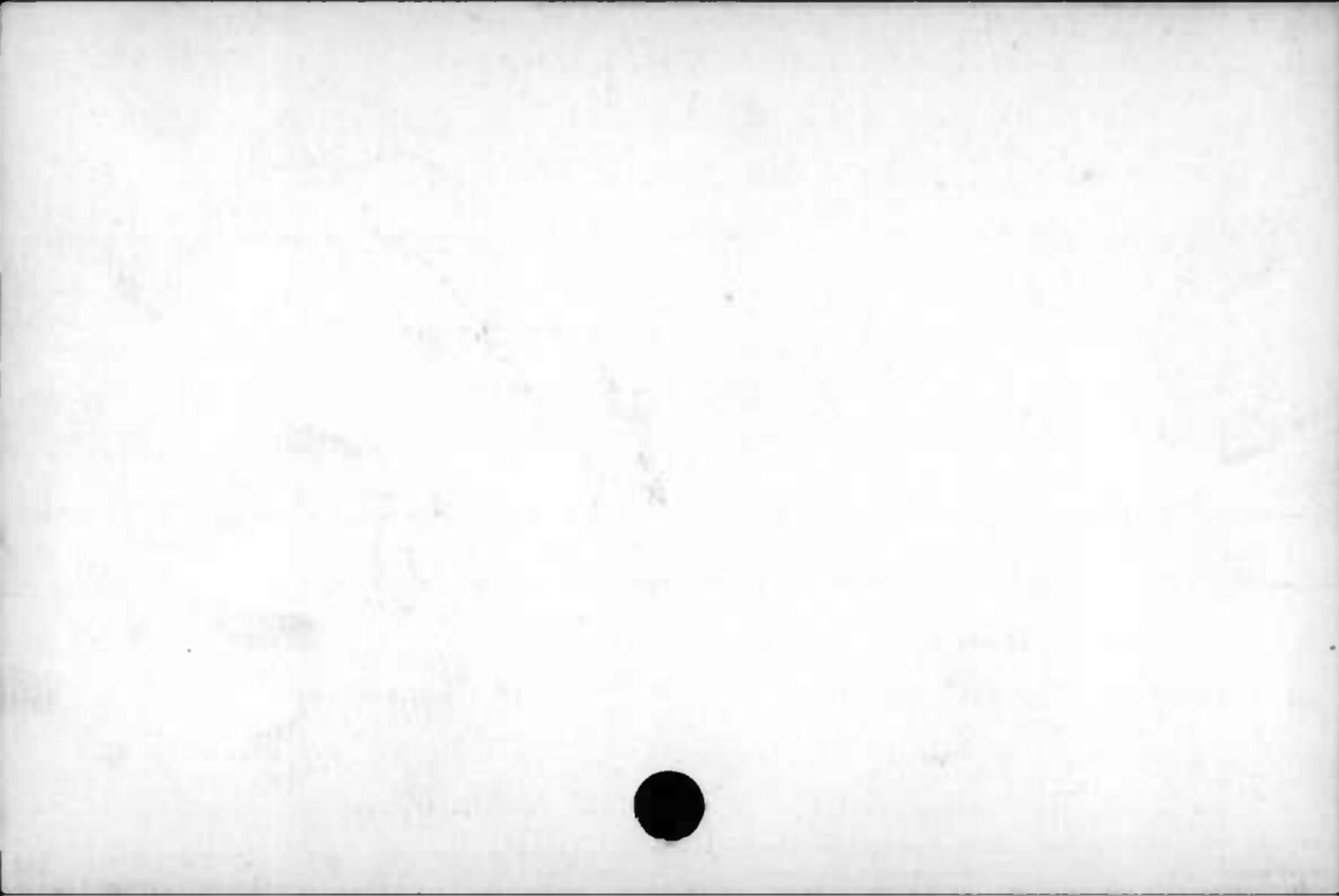
Signature of Physician

Edw. J. Harris.

Address

Cumberland
Maryland,

Accident or Suicide? - X -



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <i>Son</i>		Town	County <i>Allegany</i>		MARYLAND
Date of death <i>1907</i>	Month <i>June</i>	Day <i>14</i>	Years <i>5-</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth place <i>Simpson W. Va</i>			
Occupation <i>-</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>	Father's Birthplace <i>Austin Hungary</i>			
Father's Name <i>Frank Young</i>	Mother's Birthplace <i>Austro-Hungary</i>				Mother's Maiden Name <i>Natice Koschis</i>
Name of person giving Information <i>Mr Thos. Lippes</i>	How related to deceased <i>SISTER -</i>				
CAUSES OF DEATH					
Primary	<i>Capillary Bronchitis</i>				
Immediate	<i>Cerebral Meningitis</i>				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>James O. Bullock M.D.</i>		
		Address	<i>Lancasterville, Pa.</i>		
Accident or Suicide?		No			

(90)

How long

4 days

How long

24 hours

PHYSICIAN
OR CORONER

